The Effectiveness of the Induction and Orientation Programme in the Nkangala Health District of Mpumalanga Province, 2006 to 2007

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DECLARATION

"As the candidate's supervisor I agree to the submission of this dissertation."

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DEDICATION

This work is dedicated to my boys:

Bonginkosi Kunene

Andile Kunene

Xabiso Kunene

EXECUTIVE SUMMARY

INTRODUCTION

The high staff turnover and high rates of absenteeism in health professionals poses an alarming challenge in the Public Health Facilities in the Nkangala Health District of Mpumalanga province. This could lead to the quality of care to patients being compromised. The Human Resource Directorate within the Department of Health has introduced a formal induction and orientation process in the health facilities for new staff which should assist with the retention of staff and enhance their productivity.

PURPOSE OF THE STUDY

The purpose of this research study was to evaluate the effectiveness of the Human Resource Management unit in implementing the induction and orientation programme for newly appointed health professionals at the Nkangala Health District of Mpumalanga Province.

METHODS

The study method is quantitative in nature using an observational descriptive design with the minor qualitative component for detailing the quantitative findings. Stratified random sampling was used to select the respondents from the Persal database of 2006-2007. Two hundred and three respondents participated in this study. The Persal database is the human resource database used for managing the personnel records of all permanent employees. A self-administered questionnaire was developed to collect data from the health care professionals at the Thembisile and JS Moroka health facilities in the Nkangala Health District in Mpumalanga. The exposure variable was the implementation of the induction and orientation programme. The outcome variable was the measurement of the effective implementation of the induction and orientation programme. The questionnaire consisted of open- and closed-ended questions covering demographic data and organisational characteristics related to the objectives of the study.

The validation of the questionnaire was done in consultation with the Human Resource

Development unit of the Nkangala Health District through a pilot study. The data was collected using Microsoft Excel and analysed using SPSS statistical software.

RESULTS

The data was categorised and interpreted according to the respondents' views. The findings were presented using categorical variables of medical doctors, allied health professionals, nursing staff and health facility managers. The site questionnaire was based on the Departmental Transformation Unit tool to assess the 6 variables being purpose, empowerment, relationships and communications, flexibility, optimal productivity, recognition and morale relating to the performance of health facilities. MS Excel was used to consolidate the views of the respondents in relation to the implementation of induction and orientation programme which did not benefit the medical doctors and allied health professionals as they were not assigned with mentors.

DISCUSSION

This study identified the most important interventions and support that newly employed health professionals expected in their career development. The induction and orientation programmes are used interchangeably by the Human Resource Department - hence, there was no formal induction process conducted. The induction and orientation process is not being evaluated to review the programme. The facility managers' participation in the study assisted with their supportive roles in the career development of the health professionals.

CONCLUSION

It is hoped that the findings of this study will be of benefit to the Health Professionals in the Department of Health, Mpumalanga Province, South Africa. In addition, the study assessed the Management of Career Development programme which is used by the Department of Health in Mpumalanga Province to strengthen the induction and orientation programme of health professionals.

ACKNOWLEDGEMENTS

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HRM: Human Resource Management

MCD: Management of Career Development

NQF: National Qualification Framework

CHAPTER 1:

INTRODUCTION AND PROBLEM STATEMENT

1.1   INTRODUCTION

The purpose of the induction and orientation programme within the Department of Health in Mpumalanga is to acquaint newly recruited employees with the information needed to enable them to function optimally in their organisation. This will help them to settle in with ease and render services within their relevant professional areas of expertise. There have been no studies about the effectiveness of the induction and orientation programme and the use of the Management of Career Development programme that is used by the province since its introduction in the province.

The Mpumalanga Department of Health is under scrutiny regarding service delivery in its health facilities. The external stakeholders, namely the community who make their views known in a complaints register which is examined monthly, view the public health facilities as rendering poor services. The concerns raised by the recipients of health care range from poor leadership and management of health care facilities; non-commitment of health professionals to their duties; inefficiency in key hospital indicators such as average length of stay and the bed utilisation rates which exceed the National Department of Health norms and standards.

The above efficiency indicators are related to the management of patients and in turn may be related to how the health professionals are inducted, and orientated to their new work stations. Do they adhere to the set standards of the health facility with regard to patient management? How are they supported by their supervisors, and how are they developed in their career during their period of employment?

The induction and orientation programme is emphasised in the following legislation by the Mpumalanga Department of Health:

- Public Service Act, 1994, as amended;
- Public Service Regulations (No 1 of 2001) as amended;

- Skills Development Act, 1998;

- Human Resource Development Strategy for the Public Service;

- White paper on Training and Development in the Public Service, 1998;

- Labour Relations Act (Act no 66 of 1996); and

- Promotion of Access to Information Act, 2000.

The Management of Career Development is a programme meant to strengthen the induction and orientation programme in the Mpumalanga Department of Health. It is important to determine if the Management of Career Development programme is effectively implemented by the human resource development co-ordinators and to identify challenges with its implementation and how the latter can be addressed.

The induction and orientation programme is a product of the national cabinet decision taken in August 2004 aimed at ensuring that all South African civil servants receive a minimum level of exposure and training to the core tenets of service delivery, and the development focus of the South African state (Samdi, 2004).

The expression that the "first impression lasts" underlies this study. If people are negatively disposed towards an organisation during their first days or weeks of employment, this may have a lasting impact on their orientation and attitudes towards the organisation in the long term. The opposite is equally true (Swanepoel, Erasmus, Van Wyk & Heinz, 2003).

1.2   BACKGROUND TO THE STUDY

Anecdotal evidence alludes to the poor performance of health professionals due to inadequate induction and orientation programmes, as well as a lack of non-career development and support. Newly recruited health care professionals, in various positions, namely, professionals who have recently completed their studies, long serving health professionals in new health facilities and those in promotional posts, find it difficult to settle in to their new positions. The inability to settle in results in low productivity at the health facilities.

The problems with health professionals' induction and orientation arose when key stakeholders in the health sector complained about the job performance of newly recruited

health professionals in various positions. These problems were indicated through feedback received in suggestion boxes, complaints' registers and at *Izimbizos* (community gatherings). The gold standard for the Mpumalanga Health Department is to induct and orientate newly appointed employees within the first 12 months, but some institutional managers do not comply with this standard.
.

Previous, broader, unpublished research done by Kunene (2006) on *"Determining the impact of induction, re-orientation and career development programme for all employees of health facilities in the Thembisile sub-district in Mpumalanga Province"* revealed that there was no effective implementation of an induction programme for newly employed health professionals.

The results of that study revealed that most health employees who left the Health Department indicated that they did so due to:

- lack of effective induction programmes;
- low morale of long serving and new recruits in the Health Department;
- lack of monitoring and evaluation tools to enhance the skills of the inductor;
- poor communication which results in poor integration into team work;
- no feedback mechanism for inducted employees; and
- no clear outline of the role requirement for new employees.

A common induction programme for all health professionals is being implemented, which means a "one size fits all" approach. This process is unlikely to satisfy the needs of all health professionals.

1.3   PROBLEM STATEMENT

The induction and orientation programme instituted for newly employed health professionals in the Nkangala Health District of Mpumalanga Province may not be functioning effectively. The retention of professional staff in the rural health facilities is a challenge. The health professionals that are joining the public health facilities are leaving the organisation on average of 12 months after employment. The exit interviews conducted in 2006 in the health

facilities of Nkangala District amongst the medical doctors, allied health professionals and professional nurses has shown that such challenges include role clarification, lack of integration, career development, mentoring and coaching.

It is important is to identify whether limitations on the retention of this cadre of health professionals arise from inputs, processes, outputs or are at the impact level. It is imperative to investigate the root causes of the high staff turnover in the Nkangala Health District in order to improve Human Resource Management strategies relating to recruitment and retention of health professionals. One strategy is by ensuring that induction and orientation processes are implemented effectively.   Reviewing of the induction and orientation programme in the health facilities should be done in consultation with the participants by giving feedback to the facilitators in order to improve implementation of the induction and orientation programme.

The Human Resource Management Directorate in the Mpumalanga Health Department must improve Management of Career Development to strengthen human resource management and the development of health professionals. The Human Resource Management Directorate needs to ensure that mentoring and coaching is effectively implemented for the newly recruited health professionals in order to alleviate fear and anxiety in the new working environment. This will enable new appointees to settle in with ease (Grobler, Warnich, Carrell, Elbert & Hatfield (2002), and become productive in their new workstations (Kotter, 1999).

The Mpumalanga Department of Health, at a strategic level, must ensure that the budget allocated in the Human Resource Development Unit is sufficient for improving the capacity of the health professionals in relation to new developments in the health system. This will improve recruitment and retention of health professionals in the rural health facilities.

1.4   IMPORTANCE OF THE STUDY

Why does the problem merit attention?
An effective induction and orientation programme enhances staff motivation (Wood, Farrow & Elliott, 1994), job satisfaction and mental health (Borril, West, Shapiro & Rees, 2000) and

improves retention and reduces staff turnover, (Borril, Carter, Dawson, Garrod, Rees, Richards, Sharpiro &West, 2001). The staff turnover in the Mpumalanga Province, in the Health Department, has been observed to be high, especially with regard to professionals categorised as "scarce skills". There is a noticeable shortage of medical practitioners and professional nurses. Amongst the challenges of recruitment and retention is that these categories of staff indicate their unhappiness in their working environment. Exit interviews revealed that the staff's expectations at their work stations were not met, in that they wanted to learn more about their environment. Unmet expectations are commonly cited as reasons for dissatisfaction (Guest, 1987).

The Management of Career Development programme used by the Mpumalanga Department of Health is expected to strengthen the induction and orientation programme, but it is questionable whether it is implemented effectively by the human resource development coordinators. Therefore, to assess the effectiveness of induction and orientation in the Health Department, various dimensions of staff performance need to be taken into consideration, including individual and team performance, task and contextual performance and both process and outcome measures.

Through effective induction and orientation programmes newly recruited health professionals can develop a sense of trust in the employer in the following areas:

- Growth i.e. attending to health professionals' developmental needs.
- Work-life balance.
- Individual accommodation, i.e. flexibility towards health professionals.
- Health and safety (Regenesys, 2004).

The coordinators of the induction and orientation programme within the Human Resource Development Programme should therefore be assessed to see whether they are competent in evaluating the effectiveness of the programme.

Who will benefit from this study if the information and recommendations are applied?
The study will benefit newly recruited health professionals in the Mpumalanga Department of Health by providing them with baseline knowledge and assisting them to familiarise

themselves with the organisational mandates of the Health Department. This will help them to have an understanding of the Health Department's vision, mission, goals, objectives and priorities that will help them to adapt quickly to their new work stations, with a view to becoming effective (Grobler et al., 2002:220).

The project will also benefit the coordinators of the induction and orientation programme in the Nkangala Health District, as the results of the study will be disseminated in order to identifying gaps in the implementation of the programme and addressing them.

The project will also benefit the decision makers in the Department of Health, Mpumalanga Province, to put more effort into finalising the Human Resource Management Plan, which will help to resolve problems of recruitment and retention of the health professionals due to the high staff turnover in the Mpumalanga Province.

Rationale

The health professionals will understand their responsibilities with regards to quality service delivery in their work stations. Their performance will be enhanced due to their acquiring an understanding of the Departmental vision, mission, goals, objectives and priorities. Finally, they will be exposed to the Career Development and Management Programmes which, it is hoped, will improve their skills within their scope of practice.

1.5   THE OVERALL AIM OF THE STUDY

The overall aim of the study was to evaluate the effectiveness of the Human Resource Department in implementing the induction and orientation programme instituted for the newly recruited health professionals in the Nkangala Health District.

1.6   RESEARCH OBJECTIVES

The objectives of the research are:

- To evaluate the effectiveness of the implementation of the induction and orientation programme for newly recruited health professionals.

- To identify organisational gaps in the induction and orientation programme.
- To determine individual and organisational performance in relation to the implementation of the induction and orientation programme.

It is hoped that this project will identify the constraining and enabling factors in the induction and orientation programme that affect the newly recruited health professionals in delivering quality services. The identified gaps within the induction and orientation programme will be reported to the Mpumalanga Health Department authorities, with recommendations on how human capacity building can be re-directed towards the Human Resource Development Programme in order to manage the induction and orientation programme effectively.

1.7   SCOPE OF INVESTIGATION

The assessment of the effectiveness of the induction and orientation programme was conducted in the Thembisile (Kwamhlanga Hospital) and JS Moroka (Mmamethlake Hospital) municipalities in the Nkangala Health District. These health facilities render Primary Health Care services within the District Health Service.

Four groups of participants were given questionnaires to complete:

- Health facility managers consisted of medical managers and nursing service managers: one medical manager each from JS Moroka and Thembisile and one nursing manager each from JS Moroka and Thembisile.
- Medical practitioners (doctors) consisted of medical officers, senior medical officers, principal medical officers and chief medical officers.
- Professional nurses consisted of enrolled assistant nurses, senior professional and chief professional nurses.
- The allied health category consisted of:
  - Community service workers on a year's contract: dentists, pharmacists, occupational health inspectors, speech therapists and physiotherapists.
  - Permanently appointed allied health professionals in the above categories.

An additional site questionnaire was administered to participants and it gathered information

on the participants' rating of the health facility's performance in the key areas as prescribed by the Departmental Transformation Unit in the Mpumalanga Province. This included:

- Purpose
- Empowerment
- Relationship and communication
- Flexibility
- Optimal productivity
- Recognition and appreciation

This study thus assessed the effectiveness of the induction and orientation programme for newly recruited health professionals in the Nkangala Health District of Mpumalanga Province during a two-year period (2006 to 2007). The identified gaps, where necessary, should be addressed through recommendations to the Mpumalanga Department of Health to implement systems and processes that will enhance the effectiveness of the induction and orientation programme with the aim of reducing the high staff turnover of health professionals with scarce skills.

1.8   OUTLINE OF THE STUDY

The study consists of the chapters outlined below:

Chapter Two: This chapter critically analyses the literature on induction and orientation programmes.

Chapter Three: This chapter addresses the methods used and includes:
- Study design
- Sampling
- Data collection methods
- Data management
- Data analysis
- Ethical considerations

Chapter Four: This chapter presents the findings of the study.

Chapter Five: This chapter discusses the importance of the results and compares with the available literature.

Chapter Six: This chapter presents the conclusions and recommendations based on the study's findings.

1.9   CONCLUSION

This study aimed to present a comprehensive view of the implementation of the induction and orientation programmes instituted for the newly recruited health professionals in the Nkangala Health District of Mpumalanga Province. A review of the available literature and information on the induction and orientation programmes is provided in chapter two. A description of the conceptual framework of the induction and orientation programmes and the benefits, responsibility and evaluation of induction and orientation processes are presented. The literature review also considers career management and mentorship. In chapter three the research approach, study methods, target population, sampling strategy, data collection, data management, data analysis and ethical and legal considerations are presented. Chapter four presents the findings of the study using the research questions aligned to the objectives of the study. Chapter five discusses the findings of the study using the research questions aligned to the objectives to assist the student to communicate the urgent challenges to the Mpumalanga Department of Health when making the recommendations in Chapter six.

CHAPTER 2:

LITERATURE REVIEW AND THEORETICAL AND CONCEPTUAL FRAMEWORK OF THE INDUCTION AND ORIENTATION PROGRAMME

2.1   INTRODUCTION

One of the problems facing Public Health Organisations is to deal with employee recruitment and retention especially in the medical and allied categories. ery often, health facility managers are faced with this cadre of professionals leaving the Public Health facilities within 12 months of employment to pursue better opportunities in the Private Sector in South Africa or abroad. This challenge particularly affects rural provinces like Mpumalanga. The reasons for this may vary from poor infrastructure of the health facilities, to lack of medical equipment which leads to poor quality of care. However, research done through exit interviews in 2006 has shown that health professionals leave mainly because they do not understand their roles in the health facilities; hence, they cannot integrate themselves into the health system. Failure to recruit and retain these scarce skills in the Public Health sector, especially in rural areas is posing a major challenge. The purpose of an induction and orientation programme is not only to impart information but to effectively introduce newly appointed recruits to the departmental team so that they can settle in with ease (Grobler et al., 2002). Effective implementation of the induction and orientation programme instituted for the newly recruited health professionals could feasibly improve retention.

2.2   SCOPE OF LITERATURE REVIEW

The review of available literature was undertaken through accessing different sources of information that has been published on Human Resource Management in relation to induction and orientation programmes. The reading included various journals such as the British Journal of Health Management (Borril et al., 2000); Strategic Management Journal (Hall, 1993); the Research Journal in Personnel and Human Resource Management (Latack, 1990) and Journal of Clinical Nursing (Wood et al., 1994). The student identified areas that were relevant to the study and included them in the literature review. The unpublished information on the research done (Kunene, 2006), provided further references to follow up. A large

number of references were identified that were relevant to the study topic. The student had identified various questions that needed to be answered in the study. A cross- referencing system with a card-index system and key words for these topics were used for the literature search.

This review of the literature on induction and orientation programmes has shown that the implementation of these programmes is generally rigid, generic and conducted for compliance purposes; hence, it does not show positive outcomes. It is often completed over a period of a few days or even a few hours (Grobler et al., 2002:206).

Zack (1999) argues that private sector firms have often emphasised the importance of leveraging knowledge to create core capabilities and achieve competitive advantage. One of the key means of creating these capabilities is by using strategic human resource management to manage the workplace performance in knowledge-based activities.

Orientation is crucial for a workplace's survival especially in respect of the following activities: strategy, structure, controls and power distribution. Therefore, the newly recruited employees in an organisation need to be orientated to cope with their working environment. Awareness of an environment helps the newly-recruited employees to adapt with ease, and to develop strategies for overcoming challenges within their working environment (Grobler et al., 2002). This should improve the performance of the whole organisation. Hence, the human resource development coordinators must often help address poor performance quickly, to re-establish the congruence of alignments necessary to keep the organisation viable.

The Mpumalanga Department of Health has a policy on induction and orientation which is aimed at providing new employees with relevant and pertinent information to acquaint them with the departmental goals and priorities, in order to enable their optimal functioning in facilitating service delivery. The policy is consistent with legislation which, amongst others, includes the following:

- The Skills Development Act, 1998;
- The South African Qualifications Authority Act (Act 58 of 1995); and

- White Paper on Training and Development in the Public Service, 1998.

However, the Mpumalanga Department of Health has not monitored and evaluated the implementation of the induction and orientation programme as stipulated in the human resource management policy in order to be able to identify the gaps. Hence, the student decided to investigate its effectiveness.

2.3 A DEFINITION OF THE INDUCTION AND ORIENTATION PROGRAMME WITHIN THE HUMAN RESOURCE MANAGEMENT FRAMEWORK

According to the Human Resource Management Framework, there are several definitions for the term "induction." Swanepoel et al., (2003) argue that "it is basically a structured process involving welcoming, receiving and introducing the newly appointed employees, providing them with the necessary information and making them feel at ease, so that they can settle down as soon as possible, and become productive at work." Similarly, Grobler et al., (2002) argue that induction, which is also known as orientation or socialisation, is the process of integrating the new employees into the organisation and briefing them about the details and requirements of the job. Robins (1993) also supports the idea that the purpose of induction is to mould the outsider into an employee of good standing. It is therefore, a formal procedure that an employee goes through immediately after employment.

These definitions are consistent with the notion that induction of employees is crucial in the workplace for newly appointed staff, regardless of their profession, level of advancement or the positions they are appointed to. These newly recruited staff is classified as follows:

- Health professionals that have recently completed their studies at an institution of higher learning.
- Long serving health professionals that joined other health facilities in similar or promotional positions.
- Health professionals that were promoted at the same health facilities.

It must be acknowledged that there have been initiatives by the Human Resource Development units to ensure that new health professionals are taken through induction

programmes aimed at familiarising them with the demands of their new work environments. Orientation, on the other hand, entails an ongoing support and mentoring of the newly recruited staff, done by the senior staff in the facility. It is usually completed within twelve months. Therefore, the two activities complement each other.

Induction is regarded as a process by which employees are transformed to become participating and effective members of an organisation. This process may be by means of a formal programme or an informal introduction (Conger, 1992). According to Carrel, Jennings and Hearin (1997) starting a new job is considered to be one of the most stressful life experiences and a proper induction process that is sensitive to the anxieties and uncertainties, as well as the needs of a new employee, is therefore of the utmost importance.

Stoner (1995) regards induction as a process that provides new employees with the information needed to function comfortably and effectively in the organisation. Grobler et al., (2002) agree that induction programmes must provide a general orientation with regard to the activities of the organisation. The process of acquiring the culture of an organisation is known as acculturation (Carrel et al., 1997).

According to Carrel et al., (1997) research has shown that the influence of the first few days on a new employee and the impressions s/he has gained have an important bearing on performance and on labour turnover in general and that the rewards in terms of goodwill, morale and work efficiency by far outweigh the effort and investment necessary to enable the new employee to feel comfortable and at home. To be completely successful, an induction programme needs careful, systematic and ongoing attention by the top management of the health facilities department.

The previous investigation, undertaken by the present author and discussed earlier, on determining the impact of induction programmes on health employees has proven that the Human Resource Development unit in the health facilities did not implement an intensive induction. A successful orientation programme helps speed up the transition process by building the healthcare professionals' identification with the agency, helping the health professionals to become acquainted with fellow personnel, and providing them with important information about the organisation. Therefore, it is essential to assess the

implementation of the induction and orientation programme, especially with regards to health professionals, as they are seen as the core employees in rendering health care services.

2.4   ASPECTS OF THE INDUCTION PROCESS

2.4.1   A brief overview

Stoner (1995) is of the view that an induction and orientation programme must give a review of the organisation's history, purpose, operations and products or services, as well as a sense of how the employee's job contributes to the organisation's needs. Swanepoel et al., (2003) agree that an induction and orientation programme must highlight the history, market industry, and products of the organisation structure and the top management team of the company. The new member will therefore gain a full and accurate picture of what the goals and climate of the organisation are really like.

Within the health fraternity, the induction process for the newly recruited health professionals, especially nurses, entails the communication of the structure and goals of the organisation. Although the organisational chart and the job specifications indicate the types of workers needed to fill various nursing positions (Wood et al., 1994) the medical and allied health professionals are not exposed to the organisational structure that is necessary to enable them to know the hierarchy of the health institution.

2.4.2   The job or workplace expectations

In his classic article, "The psychological contract; managing the joining up process", Kotter (1999) defined the psychological contract as "an implicit contract between an individual and the organisation, which specifies what each expects to give and receive from each other in the relationship".   Kotter's research confirmed that the greater the matching of mutual expectations, the greater the probability of job satisfaction, productivity, and reduced staff turnover.

Table 2.1:   The psychological contract: two parties, four sets of expectations

What the employee expects to receive ←→	What the organisation expects to give
What the employee expects to give ←→	What the organisation expects to receive

Source: Kotter (1999)

Whether the new employee's expectations and the organisation's expectations come together or collide, seems to play a critical role in the individual's career with the organisation. If expectations are not compatible, there will be dissatisfaction. Turnover rates are almost always the highest among an organisation's new employees (Stoner, 1995). Job satisfaction is a very crucial aspect for both newly recruited and recently promoted health professionals and helps give assurance that health professionals can work for the Health Department's benefit without neglecting their personal obligations.

Table 2.2:   Common mismatches of expectations between the employer and the employee

Employee expectations	Employer expectations
Plenty of vacation time	Twenty-two days vacation (new recruits)
	Twenty-six days (newly recruited managers)
Promotion based on merit	Promotion based largely on experience.
Hands-off supervision	Close supervision
Self-paced computer training	Classroom training only

Source: Martin, Staines & Pate (1998)

Because of the belief that employee loyalty improves when both company and employees clearly know what is expected, Allstate provides this "Partnership statement" to every employee, during its induction and orientation programme (Martin et al., 1998):

- Offer work that is meaningful and challenging.
- Promote an environment that encourages open and constructive dialogue.
- Recognise you for your accomplishments (through Performance Management and Development Systems).
- Provide competitive pay and rewards based on your performance.

- Advise you on your performance through regular feedback.

- Create learning opportunities through education and job assignments.

- Support you in defining career goals.

- Foster dignity and respect in all interactions.

- Establish an environment that promotes a balance of work and professional life.

Thus Allstates' written "Psycholgical Contract" states that the employee should expect Allstate to undertake the above (Martin et al., 1998) and similarly health profesionals could expect the Health Department to make a similar undertaking.

Allstate has a further agreement with the employee and similarly the Mpumalanga Department of Health could expect health professionals to do the following:

- Perform at levels that significantly increase the Department's ability to outperform the other provinces' Departments of Health.

- Take on assignments critical to meeting Departmental objectives.

- Be willing to listen and act upon feedback.

- Demonstrate a high level of commitment to achieving Departmental goals.

- Behave consistently with departmental ethical standards.

- Take personal responsibility for each transaction with patients and for fostering patients' trust.

- Continually improve processes to address patients' needs.

In the health fraternity, health professionals sign performance contracts, whereby the expectations of the health organisation are stipulated, but not what the employee expects from the employer. This results in the employee becoming dissatisfied about the job which finally leads to the employee resigning. If the health professionals are not orientated to the expectations of the organisation, the performance of the health facility will be inadequate. Therefore, it is critical to emphasise that the required levels of performance of individual health professionals need to be aligned with the department's health service standards.

2.5   BENEFITS OF THE INDUCTION AND ORIENTATION PROGRAMME

Through the induction and orientation programme the health professionals will have a sense of involvement and an understanding of all the procedures and protocols that need to be followed in their work stations, and commit themselves to rendering health care services. Induction and orientation programmes can assist with the following aspects.

- *Reduction of fear and anxiety*

Induction reduces the fear and anxiety experienced by the new recruit at his or her new work station (Grobler et al., 2002). The three categories of health professionals differ regarding their levels of fear and anxiety:

- Health professionals that have recently completed their studies at an institution of higher learning have a level of fear and anxiety dependent on several factors such as individual confidence, the quality of training in the institution of higher learning, and the methods and strategies used by the human resource development coordinators in the orientation process.
- Long-serving health professionals that joined other health facilities in similar or promotional positions, and health professionals that are promoted within the same health facility, generally have lower levels of fear and anxiety due to their experience.

- *Better service*

Grobler et al., (2002) and Gerber (1992) agree that better customer service is a benefit of the induction and orientation programme through heightened productivity which will reduce the cost of employment within knowledge management, the relationships the organisation has with customers and suppliers, as well as its brand. These are all facets of the organisation's externally oriented intangible assets. Hall (1993) argues that the level of the customers' requirements for product performance and the sophistication of their technical standards and specifications is a key stimulus for the development of intangible assets.

An investigation into the prime building blocks of human resource management Chartered Institute of Personnel Development (2003) highlighted the principle of

'Ability, Motivation and Opportunity' based on strengthened employees' ABILITY (that is skills, knowledge and experience) in doing their job; adequate MOTIVATION for employees to apply their abilities and finally OPPORTUNITY for the employees to engage in discretionary behaviour in making choices about how to do their job.

The principle of Ability, Motivation and Opportunity is related to the Management of Career Development programme that is used by the Mpumalanga Department of Health, but the challenge is how the Management of Career Development programme enhances the skills, knowledge and abilities of the recruited health professionals in the health facilities. The high staff turnover of health professionals needs to be investigated if such tools are already in place in the organisation.

The investigation done on the principle of Ability, Motivation and Opportunity suggested that organisations that wish to maximise the contribution of their employees need to have workable or effective policies in the three broad areas mentioned above.

Conger (1992) also agrees with the personal growth approach by assuming that leaders are individuals who are deeply in touch with their gifts and passions. Therefore, only by tapping into, and realising, their passions can people become managers or leaders. Therefore, the leadership and senior management of the Mpumalanga Department must ensure that personal growth of health professionals is prioritised in the human resource management programmes, especially during the implementation of the induction and orientation, whereby feedback processes are managed to evaluate the progress made by the induction and orientation programme. If the health professionals are inducted effectively, they will have the motivation and enthusiasm to implement the Departmental goals and priorities related to service delivery in their workstations. The community will therefore receive quality health care services.

- *Reduction in absenteeism and high staff turnover*
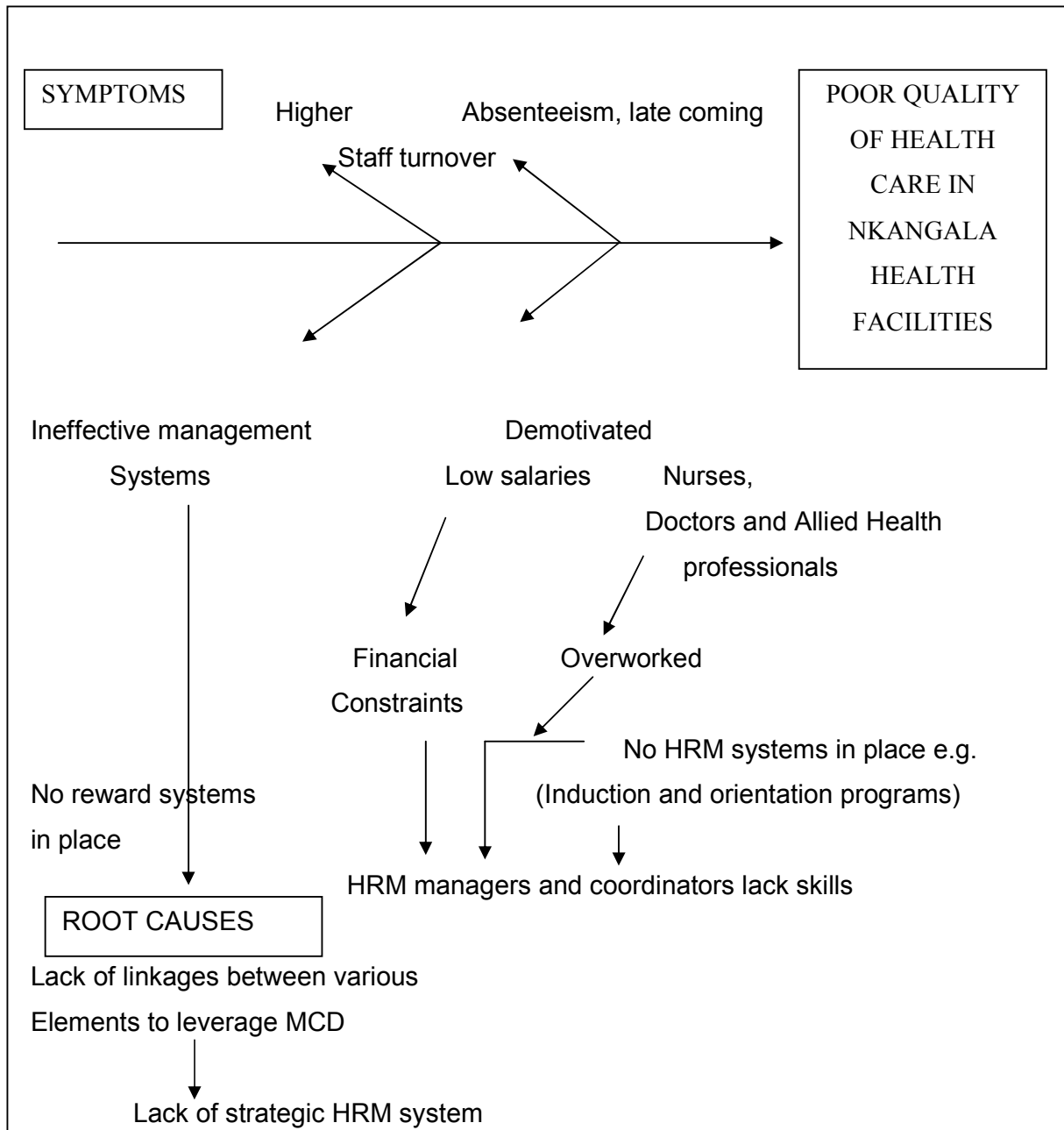
Adapted from the unpublished paper by Kunene (2006).

Figure 2.1:   Factors contributing to absenteeism and high staff turnover

The aim of the fishbone analysis is to unpack the underlying factors that contributed to poor retention and high absenteeism rate in the Nkangala health facilities. This is in

relation to assessing the effectiveness of the induction and orientation programme to find the underlying causes that contribute to poor quality of care.

The diagram indicates that the health professionals are motivated by a number of factors. The high staff turnover and absenteeism rates emanate from the factors indicated in the diagram. The Mpumalanga Department of Health should begin to put systems and processes in place that will ensure that the human resource management and Management of Career Development programmes are used effectively to avoid the picture revealed in Figure 2.1. A good induction programme benefits both the employee and the health organisation whereby improved performance is expected as the employee has settled in.

The environment in which the health professionals are working should be conducive to their performing their duties because, if the environment is unsatisfactory, it will have a negative impact on the performance of the newly recruited health professionals.

The diagram suggests that high staff turnover is due to lack of human resource systems. Lack of good performance reward systems by organisational leaders has been shown to contribute to organisational failure and poor productivity, and Kotter (1999) argues that the proportion of effective managers is thought to be less than fifty percent globally.

The investigations on effective leader-managers show that an organisation with an ineffective leader-manager can hinder progress in implementing good human resource management and Management of Career Development systems that are in place (Kotter, 1999). This can affect the employees negatively in that organisation.

- *Salary packages*

Belding (2005) argues that employees' satisfaction increases when employees know how their pay is determined. During the induction period, new employees must be inducted on how their salaries are determined by the pay system. They must know how they qualify for scarce skills and rural allowances as well as commuted overtime, especially in the case of nursing and medical staff. One study found that 74 percent of employees who understood how their pay was determined reported as being satisfied in their jobs. On the other hand, of those who did not understand how pay was determined, only 42 percent were satisfied,

(Belding, 2005). It is therefore crucial to disclose to new employees how their pay is being determined to avoid situations of overpayment or underpayment in the future.

A survey reported that half of the employees felt that discussing pay was a taboo in their organisations (Belding, 2005). Inviting health professionals to discuss pay systems indicates transparency, and health professionals will feel that they are part of the system. This is compliant with the *Batho Pele* principles in the White Paper on Transformation. When it comes to pay, employees are just as interested in the 'how' as they are interested in the 'how much'. Therefore, employees should be continuously surveyed on a regular basis about the pay system, and the effectiveness of managers in coaching them through the performance measurement and management processes.

- *Management of Career Development*

A study by Walker (1990:34) has revealed that future challenges and directions in human resources will require organisations "to find ways to assist Human Resource Management staff development in strategic Management of Career Development partnership capabilities" These findings by Walker (1990) highlight the major concerns of participants concerning the strategic implementation of Human Resource Management for career development activities:

- Training human resource management personnel to bridge the gap between business and Management of Career Development programme.
- Defining the new requirements of human resource management professionals and building the breadth necessary to link human resource management and business issues, and
- Understating the relative impact of different development activities on human resource management staff.

Walker's (1990) findings indicate that organisations need to manage change. In the South African context, especially the public health sector, this could extend to strategic human resource activities, with a particular focus on induction and orientation programmes, to ensure career pathing and development of employees to meet the needs of national health care service priorities in achieving the Millennium Development Goals set by the United Nations to be achieved by 2015, (National Department Of Health Strategic Plan, 2006).

- *Acquainting new employees with job procedures, policies and benefits*

Job clarity refers to the specificity and explicitness of rules and directions that define what a worker is expected to do well; jobs and tasks need to have a high degree of clarity, (Garrieson, 1997). During the induction and orientation process, it is crucial to clarify the job procedures to the newly recruited health professionals because job performance depends on unambiguous job definition.

The notion that there are jobs right for people and people right for jobs is supported by the fact that one person will thrive in an unstructured environment while another thrives in highly structured environments. People who are under-prepared or who are insecure in their jobs have a lower level of satisfaction than people who are better matched with their job, (Garrieson, 1997). This feeling of insecurity in the job results in workers leaving the institution, especially newly recruited professionals.

Identifying the potential problems that can result from an improper person-job fit has led to improved employment practices such as induction and orientation programmes, whereby a job preview is done to help employees that have just joined the institution to learn about their new job.

During the induction and orientation process, the training and development programme needs to be introduced to new employees as part of their benefits together with departmental benefit packages such as housing subsidies, pension funds and car allowance. Developmental programmes seek to develop skills for future jobs, (Stoner, 1995). The Individual Professional Development Plan encourages employees to set personal education and training goals each year (Stoner, 1995).

During the induction and orientation programme it is advisable for senior managers to discuss the goals of each employee for education and training. This must be communicated to line managers to make them aware of the employee's expectations to minimise the possibility of supervisors "bullying" employees for their own benefit, and denying them promotions, (Stoner, 1995). Employees also need to believe that, as long as they do their jobs to the best of their abilities, their boss will stand behind them. Loyalty, like respect, is earned, (Belding,

2005).

- *A sense of collectivity*

Troy (1998) points out that organisations are attempting to communicate with prospective employees in a coherent manner by developing an employer brand, the purpose of which is efficiently to bring employers and employees together to establish a relationship. This is called participatory management which is based on the collaborative and democratic efforts of employees and management to make decisions, to set goals, to solve problems and to plan. This involvement will result in ownership of the values and objectives of the organisation by employees. Hence, during induction and orientation programmes, new employees should be introduced to their colleagues and senior management of the institution as a family, and the emphasis on team-working should be communicated together with its benefits. Grobler et al., (2002) argue that successful induction will lead to greater job involvement. Where people form part of a team their involvement in the job will be high.

To build commitment it is necessary not only to satisfy employees' social need to affiliate and belong, but also to create a sense of collective identity that differentiates the group from other organisations. Cascio (1995) suggests two ways to achieve this:

- Establish a social boundary that indicates that an identifiable collection of people or a unit exists, and
- The group must assume some evaluative meaning that the group has to offer something that the employee wants or needs.

There are many situational features that contribute to a sense of group membership. The more exposure that employees have to these features, the more likely they will be to feel part of the group, and to incorporate that membership into their concept of who they are.

The contributions made by the literature, and the benefits of the induction and orientation programme, are briefly summarised by the diagram below:

```
         ┌──────────────────────────────────────────────────────┐
         │  ┌──────────────┐                              ┌──────────────┐  │
   ┌─────┼─→│ Congruence of │───→│ Initiation to the task │───→│ Performance │←──┼──┐
   │     │  │ skills & abilities │                              │  evaluation  │  │
   │     │  └──────────────┘                              └──────────────┘  │
```
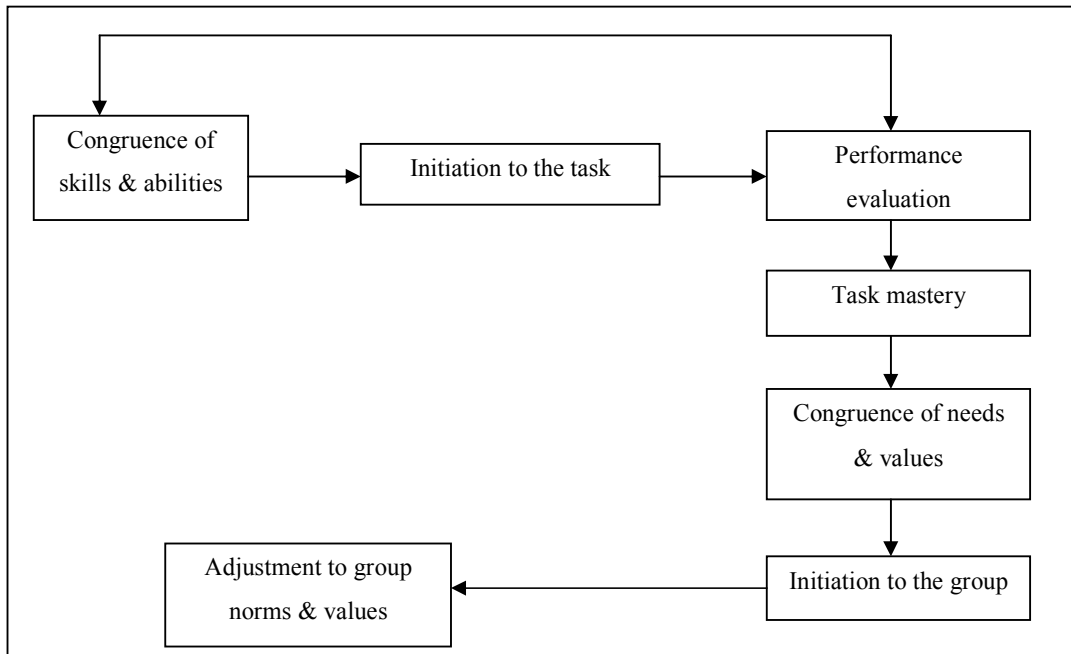

Source: Garrieson (1997)

Figure 2.2: **A multiple model for implementing an induction and orientation programme**

2.6 MANAGING AN EMPLOYEE'S CAREER

During the induction and orientation programme, the human resource development coordinators should emphasise the need for career development of the newly recruited health professionals. This can create realistic employee expectations (Swanepoel et al., 2003). The key advantages of the Career Development Programme in the human resource management strategy are as follows:

- It avoids obsolescence by encouraging employees to learn new skills.
- It reduces staff turnover in the organisation. Employees experience less frustration and greater job satisfaction because they know they can advance in the organisation.
- When employees' specific talents have been identified, they are given the opportunity through career planning to perform better to be placed in jobs that fit their ambitions and personal talents.

Career management in the health facilities should indicate the career pathing of each health professional's category. Their performance should indicate their next level in terms of the Skills Development Act with regards to Performance Management Development Systems (Mpumalanga Provincial Government, 2004).

The result of a study conducted by Bryman (1989) reveals that it is necessary to operationalise career change to find a means for career pathing engagement. One would expect to find that those who manifest stronger career resilience are more likely to engage in career change environment turbulence, and to begin to drive the process of making career pathing transition decisions. The definition of career pathing change includes dissimilarities between future and former work. This can be expressed in the form of differences in various job facets such as duties, skills, functions, occupation and field (Latack, 1990).

A model of career pathing change based on career resilience can be constructed as shown in the figure below.
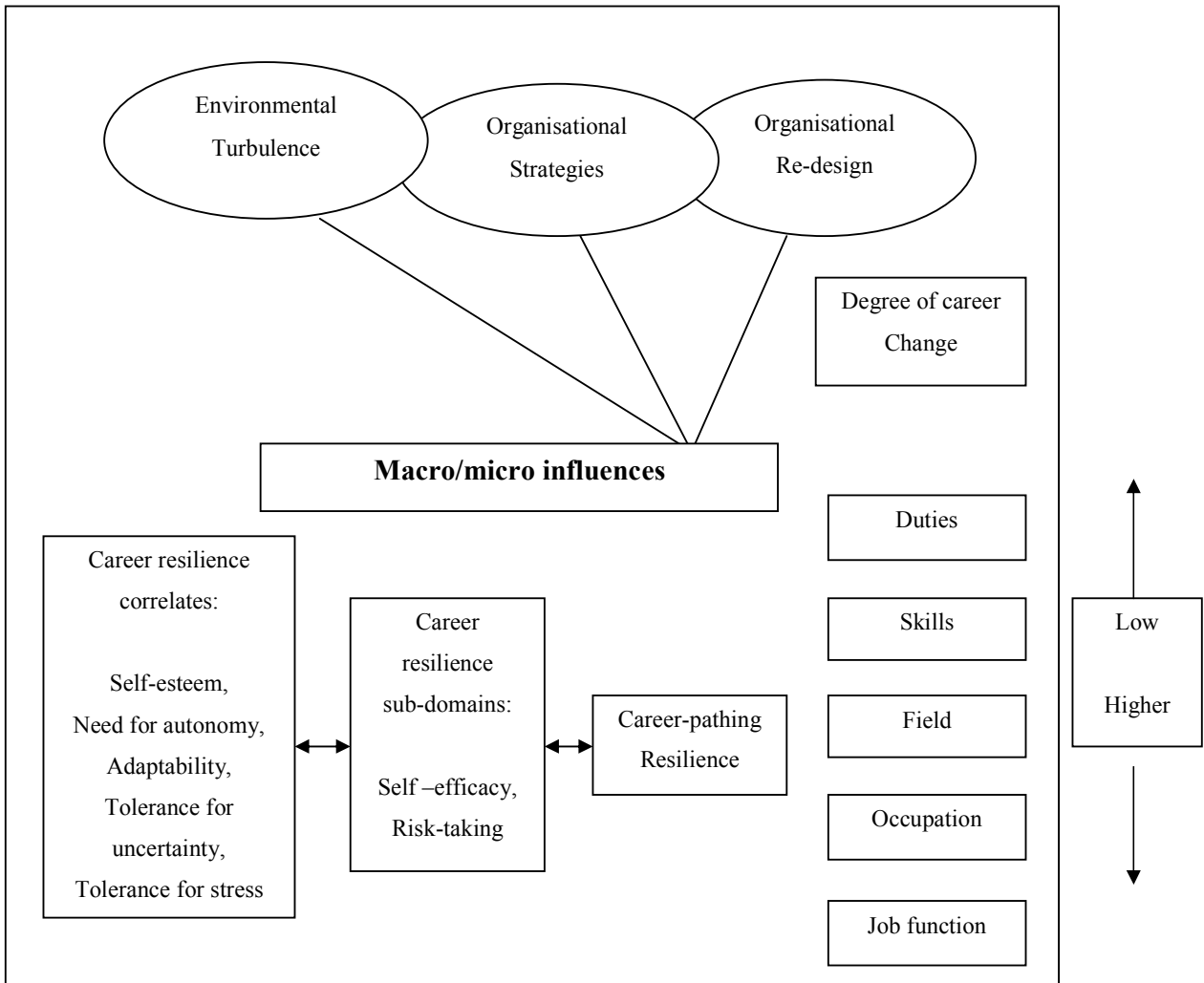
Source: Latack (1990:91)

Figure 2.3:   A career development model in a job function change

These new organisational structures have formed in response to turbulent organisational environments and have led to new Management of Career Development patterns to emerge. A career motivation approach provides a framework for an analysis of these patterns, and offers organisations a rationale for re-focusing their Management of Career Development efforts, to produce a more flexible core of health professionals whose career resilience contributes both to the organisation's success and to the individual's career development success.

The figure in relation to the career management programmes provides a framework for an analysis of the patterns highlighted, which offers the Mpumalanga Department of Health

a rationale to re-focus on their human resource management and Management of Career Development strategies in order to be able to recruit and retain health professionals.

2.7   RESPONSIBILITY FOR INDUCTION

According to Carrel et al., (1997) in similar organisations, the implementation of the induction and orientation programme is primarily the task of the employee's supervisor or manager. In larger organisations the following team of people may be involved:

The Human Resource Development Unit
The unit is solely responsible for issues such as the employment contract, compensation, loan facilities, and the development and monitoring of the success of the induction and orientation programme. The new employee is encouraged to return to the staff development department (Human Resource Development) for review of any part of the orientation offerings that are as yet unclear.

The Head of Department
It is the responsibility of the Head of the Department to meet all new employees and briefly explain to them the role and responsibilities of the particular department within the organisation (Carrel et al., 1997). Within the health fraternity, all nurses may be oriented and tested together, e.g. a newly recruited experienced nurse to the health care facility is assigned to the care of a trained preceptor. The goal of this plan is for the new employee to ease into the job with as much help as is needed, the expectation being that the experienced nurses will be able to function in the role assigned fairly independently by the end of the fifteen day orientation. The intern nurse is also being instructed by the human resource development unit and preceptors, although the procedures for inducting and training are longer, due to different stages that he/she must undergo before an assessment stage.

Mentoring
Carrel et al., (l997) suggest the view of a 'mentor' or 'buddy' as a responsible person for assisting the newcomer with general information such as how to operate medical equipment. This person should be the same age and grade as the newcomer and will assist the latter informally regarding questions as they arise (Grobler et al., 2002). Kanter (1990) suggests

that the mentoring activity is a critical element in building effective careers. In the health care facilities, mentoring should be done specifically for improving the quality of services and new employees will feel more supported and be motivated to put in extra effort when rendering their health care services

Coaching

The manager needs to look at the employee not as a problem to be solved, but as a person to be understood. Fournies (1978) defines coaching as a face-to-face discussion between a manager and a subordinate to get the subordinate to stop performing an undesirable behaviour and to begin performing desirable behaviours. Similarly Gerber (1992) defines coaching as a "mutual conversation between a manager and an employee that follows a predictable process and leads to superior performance, commitment to sustained improvement, and positive relationships".

Coaching is believed to be one of the most important functions a manager can perform. A manager can be a superb planner, organiser and decision-maker, but without the effective employee performance that coaching provides, objectives may be difficult to achieve, (Gerber, 1992). Hence, it is crucial to effectively use coaching during induction and orientation programmes, because the new employee can be helped to understand the unwritten rules of the institution "that is the way we really do things around here." Coaching has the advantage of being more flexible than group training sessions. For induction and orientation programmes with existing employees, it is also advantageous because it opens lines of effective communication between an employer and an employee. Tapping into employees' existing knowledge and encouraging them to share this knowledge to advance themselves and the health facility requires effective ways of ensuring survival and growth as well as building employees' self-esteem and sense of empowerment. This strategy is formally known as "knowledge management".

Getting the best results from 360- degrees feedback

Through a culture of continuous feedback and coaching, many companies have initiated the use of a 360-degree feedback that allows employees to receive formal feedback from supervisors, peers and customers (Belding, 2005). The idea is to give employees a fuller picture of how they are perceived by different stakeholders. Managers need to be trained in

performance coaching. Ferdinand Fournies in his book 'Coaching for improved work performance' outlines a systematic process based on the principles of behavioural psychology. It is a process that provides a workable alternative to what he refers to as "YST-Yelling, Screaming and Threatening" as opposed to "Instead of pushing solutions on people with the force of your argument, pull solutions out of them" (Fournies, 1978).

The approach of using 360 degree feedback is not utilised in health care facilities since only immediate supervisors are entitled to give feedback on the performance of employees. This feedback is sometimes very biased and attitudinal as perhaps it is being used to punish those employees who are not on good terms with their supervisors, whilst supervisors' favourites benefit from good ratings in their performance scales. The ultimate cost of insufficient or ineffective feedback results in further poor performance. Fournies (1978) presents a five-step coaching technique:

- Step 1: Get the employee's agreement that a problem exists.
- Step 2: Mutually discuss alternative solutions.
- Step 3: Mutually agree on action to be taken to solve the problem.
- Step 4: Follow up and measure results.
- Step 5: Reinforce any achievement when it occurs.

During the induction and orientation programmes of newly recruited managers and existing managers it is advisable that the top management together with the human resource development unit emphasise a positive relationship that should be maintained with employees to upgrade the level of performance. Managers should be made accountable for their employees' results. Therefore the health institutions must select candidates for managerial and executive positions based on high standards of management behaviour. One of the best-known examples is based on the memo of Jack Welch in 2001, when he announced General Electric's new policy and practice regarding the way managers treat employees. The memo described four types of managers (Belding, 2005).

Table 2.3:   Types of managers

	Makes the number	Does not make the numbers
Treats people with respect	Type 1	Type 2
Doesn't treat people with respect	Type 4	Type 3

Source: Belding (2005)

- Type 1 manager: Treats employees with respect and makes the numbers in retaining good talent.

  (Keep)

- Type 2 manager: Treats people with respect and doesn't make the number in retaining good talent.

  (Terminate)

- Type 3 manager: Doesn't treat people with respect and doesn't make the number in retaining good talent.

  (Terminate)

- Type 4 manager: Does not treat people with respect but always made the numbers in retaining good talent.

  (Terminate)

Type 4 is the problematic type of manager. Welch admitted that in the past General Electric had been guilty of keeping far too many type 4 managers, but he promised that these types of managers would no longer be tolerated at General Electric – they would be dismissed. Hence, managers who drive talent out the door should not be kept in institutions, especially the health institutions that manage a vast number of employees.

2.8   EVALUATION OF THE INDUCTION AND ORIENTATION PROGRAMME

After the induction process, the evaluation of the induction and orientation programme is one of the most important steps in the process Grobler et al., (2002) with the following benefits:

- Ensuring that the organisation is spending its money wisely and achieving positive results, and

- That the methods used to assist new employees to integrate and become effective workers in the organisation are the most suitable.

These evaluation aspects can be carried out at different levels. Quantitative measures can be used to assess the effectiveness of induction and orientation programme through labour turnover statistics, accidents, sickness and absenteeism rates. These can be achieved through utilisation of questionnaires, surveys, exit interviews and course evaluation forms (Grobler et al., 2002).

2.9   CONCLUSION

There is growing evidence that competency-based approaches to employee assessment and development are gaining ground, as more successful integration of Management of Career Development with human resource policies is reported (Shore & Wayne, 1993). Positive links are made between Management of Career Development programme and organisation performance (Shaw & Perkins, 1992) and competencies are used to articulate and even modify company cultures. Greater clarity about which observable criteria differentiate performance is a valuable step forward toward strategic human resource management planning. Hence, it is important to ensure that newly recruited and existing staff go through orientation and career management programmes as the cultural glue of the organisation. The strategic intent of top management is embodied in the organisational mission statement and is translated into strategic objectives. It is manifested in the human resource management strategy and designated Management of Career Development programme through a collaborative effort on the part of top management and line managers. Hence, commitments to human resource management policies that comprehensively cover each target sub-group in the organisation are important.

The next chapter will present the research methodology of the study.

CHAPTER 3
RESEARCH METHODOLOGY

3.1   INTRODUCTION

This chapter focuses on the research design, as well as its methodological implications for data collection, sampling and data analysis. The objective of this study was to evaluate the effectiveness of the implementation of the induction and orientation programme to newly recruited health professionals.

3.2   STUDY DESIGN

An observational descriptive study design was used. This study design was the most appropriate as it provided a comprehensive description of the current situation in the Nkangala Health District Health Facilities. It enabled the student to quantify the extent of the challenges relating to the implementation of the induction and orientation processes in the health facilities. The study aimed to provide service providers and planners with the information that would help them better design and implement the recruitment and retention strategies for the Health Professionals especially in the rural Districts like Nkangala (Katzenellenbogen, 1997).

3.3   STUDY SETTING

The study was conducted in Thembisile health facilities (Kwamhlanga Hospital) and JS Moroka health facilities (Mmamethlake Hospital) in the Nkangala Health District of Mpumalanga Province.

3.4   TARGET POPULATION

All new health professionals recruited in the years 2006–2007 consisting of medical doctors, allied health professionals, nursing and health facility managers comprised the study population. The Primary Health Care facilities in the two sub-districts were excluded from the study as they have their own staff establishment.

3.5   SAMPLING STRATEGY

The study used stratified sampling. The student stratified the target population according to the categories of their health profession. The list of all newly recruited health professionals was obtained from the PERSAL database of 2006-2007. Approval was granted by the human resource management manager.

The student obtained a sample that represented all the important sub-groups of the health professionals in the Thembisile and JS Moroka health facilities by targeting the following sectors:

- Health professionals that have recently completed their studies at an institution of higher learning.
- Long serving health professionals that joined from other health facilities in similar or promotional positions.
- Health professionals that were promoted within the selected health facilities.

Diversity of the sub-groups was achieved by using the following categories:

Table 3.1:   Age groupings and professional category of respondents

Age groupings in years	Professional Category of Respondents			
	N=23 Group 1 Medical doctors	N=119 Group 2 Nursing staff	N=27 Group 3 Allied health professionals	N=4 Group 4 Health facility managers
20-29	4 (17%)	64 (54%)	10 (37%)	0
30-39	17 (74%)	31 (26%)	17 (63%)	1 (25%)
40-49	2 (9%)	24 (20%)	0	1 (25%)
50-59	0	0	0	2 (50%)
Total	**13%(23)**	**69%(119)**	**16%(27)**	**2%(4)**

3.5.1 Sample size distributed

Health facility managers (4)

Thembisile health facilities (Kwamhlanga hospital 112)

J.S Moroka health facilities (Mmametlake hospital 87)
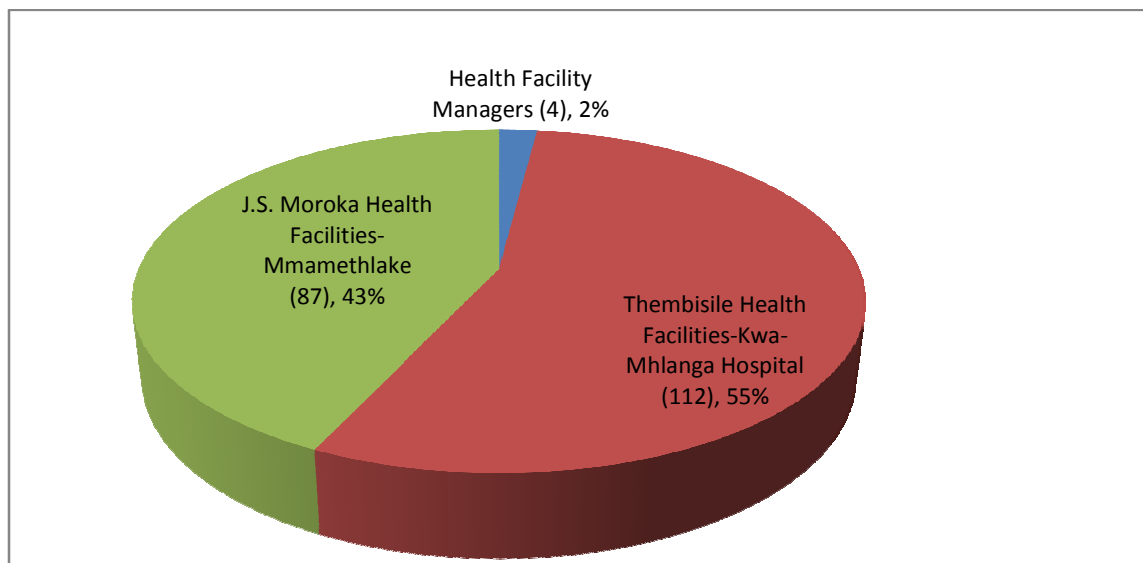
Figure 3.1: **Research sample size**

From the above table 203 identified respondents received self-administered questionnaires for completion.

3.5.2 Data collection instruments

- A self administered questionnaire was used. The questionnaire was divided into three sections (see Appendix 6):
    - Section A, Biographical information;
    - Section B, Individual and organisational information; and
    - Section C, Site questionnaire to assess the content of each health facility's performance by using a rating score.

- Observations were made of the implementation of induction and orientation programmes in the health facilities.

3.5.3   Data collection procedures

The questionnaire was distributed to all targeted groups of the Department of Health in the Thembisile Municipality and JS Moroka health facilities.   The Thembisile information system manager was chosen by the researcher to help in administering the distribution of questionnaires to the relevant health facilities.   Each health facility received a formal letter and a self-administered questionnaire.   The respondents were supplied with hand post envelopes, which were collected by the Thembisile information system manager from the targeted health facilities.

A detailed plan on how, where and when the data collection would be carried out was explained in the letter to respondents (see appendix 4).   The student used the health information officer from the Thembisile municipality to distribute the questionnaires and collect data from the respondents.   The contact details of the Health Information Officer and the Principal Investigator were included in the covering letter.

3.6   FRAMEWORK OF THE QUESTIONNAIRE

The questions were designed to obtain a broad picture of a respondent's views on the topic, and aimed to produce a descriptive overview of the respondent's thoughts and emotions.

Three key research objectives were used, and an attempt was made to analyse the data obtained:

- To evaluate the effectiveness of the implementation of the induction and orientation programme for newly recruited health professionals.
- To identify organisational gaps in the induction and orientation programme.
- To determine individual and organisational performance in relation to the implementation of the induction and orientation programme.

Most types of questionnaires include a combination of open and closed-ended questions. Open-ended questions allow respondents to give answers in their own way, (Shaw and

Perkins, 1992). Baker (1988) notes that closed-ended questions force the respondent to select a single response from a list.

Large numbers of closed-ended questions were used. Care was taken to ensure that the list of responses from which the respondent was instructed to choose covered as many alternative answers as possible. However, in some instances, the nature of the issue addressed dictated the use of open-ended questions, and space was therefore provided for respondents to write in their answers.

The questionnaire was designed according to the objectives of this study as stated in Chapter 1. The questions were structured to examine the respondents' views on the induction and orientation programme, and also included categories such as formal education, gender, privileges, job responsibilities measured against job descriptions, adequate training for current functions, relationships to immediate supervisors, rating of human resource development strategies, how respondents perceive their organisation and finally assessing the performance of their respective health facilities.

The cover page of the questionnaire contained instruction notes to assist the respondents in completing the questionnaire. The questionnaire consisted of 22 questions that elicited detailed information from the respondents selected for the survey. The site questionnaire had six areas to assess the extent of performance of the respondents' health facilities. Each identified area had a rating scale that ranged from one to five. A covering letter addressed to the respondents outlined the importance of the study, the aim of the questionnaire and the value of participation (see Appendix 3). The respondents were also assured of confidentiality to allay any anxiety and were informed of their ability to withdraw from the study any time they wished.

3.7   VARIABLES

- Ordinal variables were used to measure the attitudes of individuals on the assessment of performance of the health facilities, viz: purpose, empowerment, relationships and communications, flexibility, optimal productivity, recognition, appreciation and morale.

- Nominal (background) variables were used such as age, gender, educational level, job level and benefits and will be presented in tabular format.

3.8   DATA MANAGEMENT AND STORAGE

- The self-administered questionnaire was labelled and hand delivered to respondents for each target population.
- The student worked on one target population questionnaire at a time to maintain a tight control on the data collection.
- After the data had been collected from respondents, it was sorted according to professional categories for each target population.
- A filing system was put in place which contained the following information:

  - feedback from respondents;
  - provincial legislation and policies on human resource management; and
  - the data was stored in a hard file and electronically in a folder that was created on the student's computer.

3.9   DATA PREPARATION

- After collecting and sorting the data, the data was checked for errors.
- Editing was done to check the completeness of responses and the possibilities of combining responses for analysis were done.
- Categorising and coding was done manually with the help of the Health Information Officer.
- Summarising data using manual sorting was also done especially in respect of similar responses.
- The coding system was developed by categorising answers that belonged together. A group of answers not exceeding four was developed. Each group of answers was labelled with a key word that characterised the answers.
- Epi Info (version 6) was used for data entry and analysis.

3.10   DATA ANALYSIS

To analyse the data, a plan for data analysis was developed considering the following issues:

- **Data sorting**

Each completed questionnaire was scrutinised, and carefully edited by the student to ensure that the criteria of completeness had been met.

The collected information was organised according to health professionals:

- Questionnaires from medical doctor respondents were grouped together.
- Questionnaires from nursing staff were grouped together.
- Questionnaires from allied health professionals were grouped together.
- Questionnaires from health facility managers were grouped together.

The questionnaires were numbered according to each category of health professionals, using the F- statistics to test the comparison amongst the health professionals groups e.g.:

- for medical doctor - MD1, MD2,MD3 etc.
- for nursing staff - NS1,NS2,NS3etc.
- for allied health professionals - AHP1,AHP2,AHP3 etc.
- for health facility managers - HFM1,HFM2,HFM3 etc.

- **Performing quality controls**

Checking ambiguous or vague answers from the respondents was done by the student to avoid distortion when analysing data. Quality checks of data were done by the student to verify how data was transferred to the computer system for analysis. Data analysis was done through the use of Epi Info (version 6) and SPSS. The student interpreted the findings in the light of the research objectives and checked for consistency within the research study. The research objectives were used, as outlined earlier but repeated here for convenience viz.:

3.11   RESEARCH OBJECTIVES

The objectives of the research are:

- To evaluate the effectiveness of the implementation of the induction and orientation programme for newly recruited health professionals.
- To identify organisational gaps in the induction and orientation programme.
- To determine individual and organisational performance in relation to the implementation of the induction and orientation programme.

The description of data for each variable used in the study was done. Data analysis was done by using the four categories of health professionals. Answers for a particular question were listed according to the questionnaire number. Answers in each category of health professionals that belonged together were grouped together and marked with a pencil using the codes as indicated above for each question.

The answers for each category of health professionals were interpreted and given a label that covered the content of the answers. This was on the data that required opinions of the respondents. In the case of questions that needed reasons for the answers, the answers were sorted manually and grouped. The final list of labels was done for each category of health professionals and a key word for each category was given. The categorised data was entered into the computer using Epi Info (version 6) for interpretation.

3.12   PILOTING THE QUESTIONNAIRE

In order to assess whether the questions were easily understood a draft of the questionnaire was answered by four experienced staff members including a doctor, nurse, facility manager and an allied health professional with the co-operation of the human resources development unit. In their view all the questions could be readily completed and nothing needed to be changed.

3.13   STUDY PERIOD

The study began with the proposal writing on the 16th August 2007 with subsequent ethical clearance. Data collection began in January 2008 and data analysis was done in May 2008 and report writing began in May 2008 to October 2009. The submission to the Postgraduate Education committee was done on the 25th November 2009.

3.14   RELIABILITY AND VALIDITY

Content validity requires that the measure includes or accounts for all elements of a variable or issue being investigated, (Katzenellbogen, 1997:92). Consultation with the Nkangala District Health human resource management directorate was done concerning issues that were investigated with regard to human resource management strategies. Furthermore, validity and reliability of this study was enhanced by comparing results between respondents and by getting the district human resource management unit to analyse the same sections of the same material (respondents). The questionnaire developed for this research ensured that the questions were relevant to the research objectives and applicable to the respondents, as Bless and Higson-Smith (1996:139) stress the importance of the instrument being tailored to the needs of the respondents for whom it is intended. The questionnaire was developed in consultation with the supervisor of the study to ensure content validity.

3.15   ETHICAL AND LEGAL CONSIDERATIONS

To ensure that methods and approaches used in the study are legally and ethically acceptable, protocols were submitted to the Biomedical Research Committee of the University of KwaZulu-Natal (see Appendix 2) and the Mpumalanga Health Department Ethics Committee (see Appendix 3) before the start of the study. After getting approval from the ethics committees, respondents were informed about the nature of the study, its procedure and their right to refuse or withdraw at any time. Confidentiality was assured. In the protocol submitted to the ethics committee, plans for safeguarding the rights and safety of the participating officials and the method of obtaining informed consent was explained (see Appendix 5).

Permission for accessing the identified health facilities was obtained from the Mpumalanga Health Department Ethics Committee. Other issues, such as the need for action on findings, and procedures to adhere to when publishing results, were discussed with the Mpumalanga Department of Health Ethics Committee.

The reference number and date of approval of the project from the Postgraduate Education committee was Ref: MPH006/08. The reference number and date of approval from the College of Health Sciences, Biomedical Research Ethics Committee: Ref: BF027/09, 17 July 2009. The date of approval by the Postgraduate Education Committee was 25 November 2009.

3.16   CONCLUSION

In this chapter the research methodology was discussed with the aim to establish whether there are significant differences among the newly recruited health professionals that have recently completed their studies, promoted health professionals to new posts at different levels and designated managers within the health facilities for certain human resource management objectives.

This chapter set out the methodology that addresses the research problem and research objectives and how the sample was drawn from the target population of the public health sector in the Nkangala Health District in Mpumalanga Province. The next chapter will present an overview of the results obtained by this research study.

CHAPTER 4

RESULTS

4.1   INTRODUCTION

This chapter focuses on the results of the research study. The data will be presented, categorised and interpreted. Of the 203 respondents, 173 returned the completed questionnaires giving a response rate of 85%. Of the questionnaires 2% (4) were distributed to health facilities managers; 2% (4) received in both Thembisile and JS Moroka health facilities.

- 55% (112) were distributed to Thembisile health facilities; response rate 59% (102 questionnaires were received)
- 43% (87) were distributed at JS Moroka health facilities; response rate 39% (67 questionnaires were received).

The research results indicated that 173 out of 203 identified respondents completed the questionnaires (85%); 13% (26) of the respondents did not send any responses and only 2% (4) were spoilt copies as they were incomplete.

The results will be presented in the following order:

- A section on demographic characteristics of respondents will be presented.
- Individual and organisation data will be categorised based for each of the objectives.
- A site questionnaire to measure performance of the health facility will be presented based on variables from the respondents' responses.

SECTION 1: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The age, gender, educational level, job level and benefits of respondents will be presented in table form to see how they influence the problem that has been identified in the study.

Age Groupings

- Group 1 Medical Doctors
- Group 2 Nursing Staff
- Group 3 Allied Health Professionals
- Group 4 Health Facility Managers
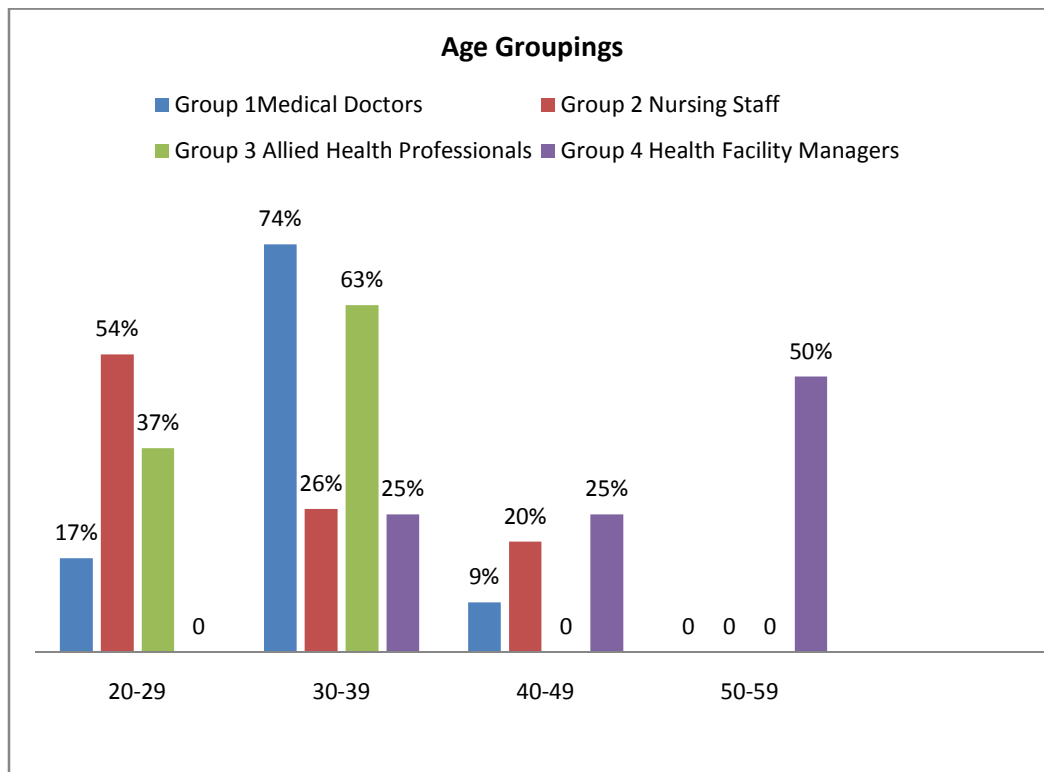
Figure 4.1: **Age of the respondents**

The largest number of newly recruited health professionals ranged between the ages of 20 – 29 years. Within the allied health professionals' category, only 37% of the respondents were within this age group, whilst the 17% of medical doctors in this age group are regarded as community service health professionals. The nursing staff consisted of 54% of the respondents in this age group who were currently recruited in the health facilities. There is a high percentage of respondents in the age group of 20 - 29 and 30 - 39 especially amongst nurses and allied health professionals. In the age group of 50-59 years, only two health facility managers out of the 4 were within this age group. They were newly recruited facility managers in promotional posts in the health facilities. The percentage of this category of staff in the promotional posts is minimal.

Gender of Participants

- Group 1 Medical Doctors
- Group 2 Nursing Staff
- GROUP 3 Allied health professionals
- Group 4 Health facility Managers

Female: 48%, 89%, 70%, 75%
Male: 52%, 11%, 30%, 25%
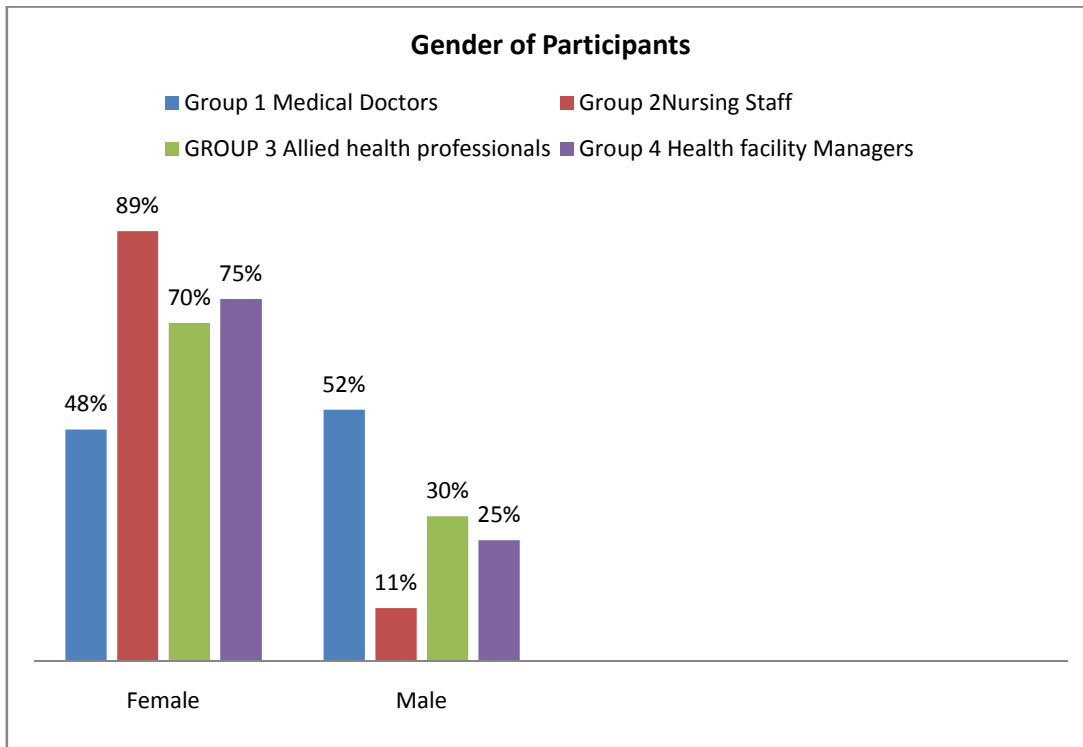
Figure 4.2: Gender of respondents

Figure 4.2 indicates the gender distribution amongst the respondents which revealed that the male-female ratio in the identified health facilities was approximately 1:4 that is 34 males versus 139 females. This skewed distribution of gender in the health facilities showed that the Health Department is dominated by female health professionals at the operational level.
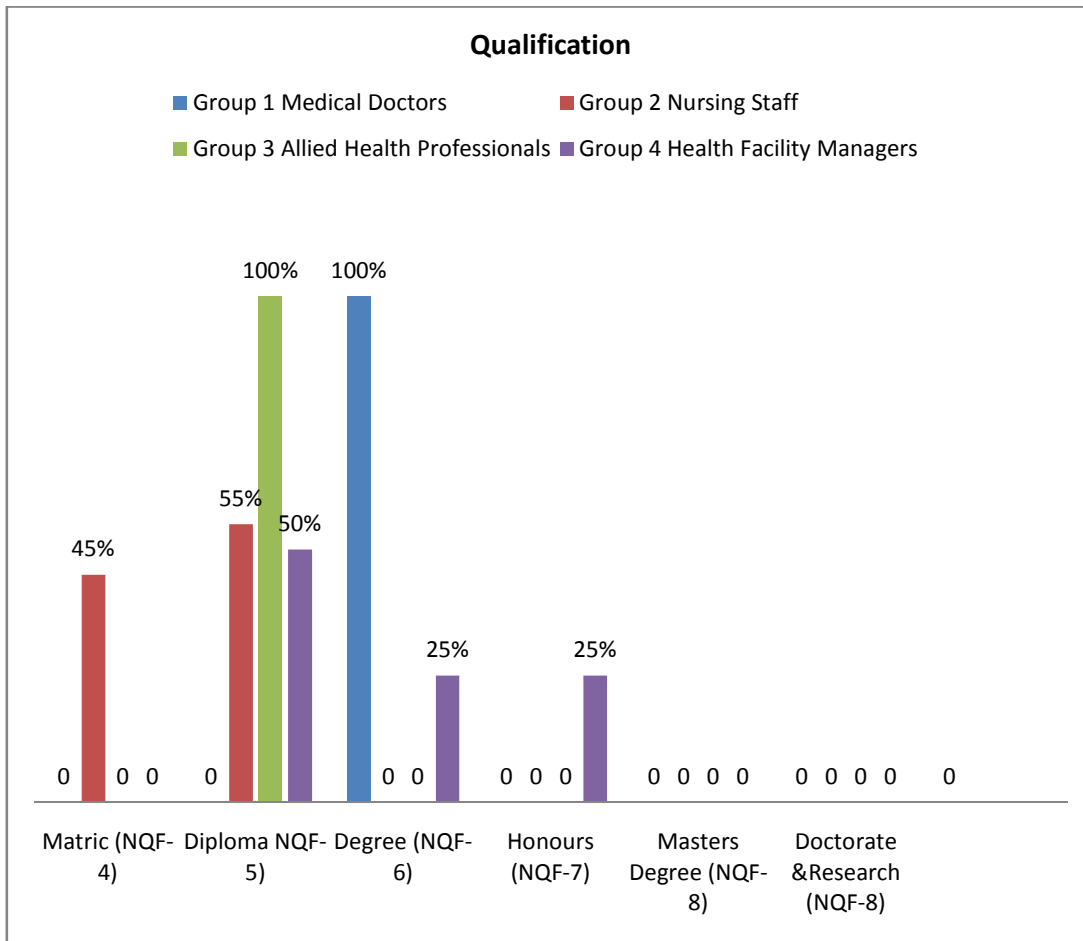
Figure 4.3: **Highest academic qualifications of respondents**

The results that have been presented in the graph will be consolidated for clarification in Table 4.1.

Table 4.1:   Highest academic qualifications of respondents (173)

Level of Academic Qualifications	Professional Group				Total
	Group 1 Medical doctors	Group 2 Nursing staff	Group 3 Allied health staff	Group 4 Health facility managers	
Matric (NQF- 4)	0%	31%	0%	0%	31%
Diploma (NQF-5)	0%	38%	16%	1%	55%
Degree (NQF – 6)	13%	0%	0%	0.5%	13.5%
Honours (NQF-7)	0%	0%	0%	0.5%	0.5%
Masters Degree(NQF-8)	0%	0%	0%	0%	0
Doctorate & research (NQF-8)	0%	0%	0%	0%	0
Total	**13% (23)**	**69% (119)**	**16% (27)**	**2%(4)**	**100% (173)**

In Figure 4.3 in line with the table 4.1, the academic qualifications of the respondents are listed. It shows that the majority of the respondents, that is 55%, on Table 4.1, had obtained a diploma as their highest academic qualification, which is a minimum requirement for health professionals.

Respondents with a junior degree consisted of 13.5% of respondents - that is 13% of medical doctors and 0.5% of health facility manager as indicated in Table 4.1. The junior degree is a minimum requirement for medical doctors. One medical manager had a junior degree, whilst the other medical manager had an honours degree as well as indicated in Table 4.1. Respondents with a matric qualification consisted of 31% of respondents – these were primarily enrolled nursing assistants and assistant nurses as indicated in Table 4.1. The reliance on a tertiary qualification, a diploma or a degree, when making appointments for health professionals, is evident from the respondents' answers. The different qualifications amongst the health facility managers have been noted in Figure 4.3.
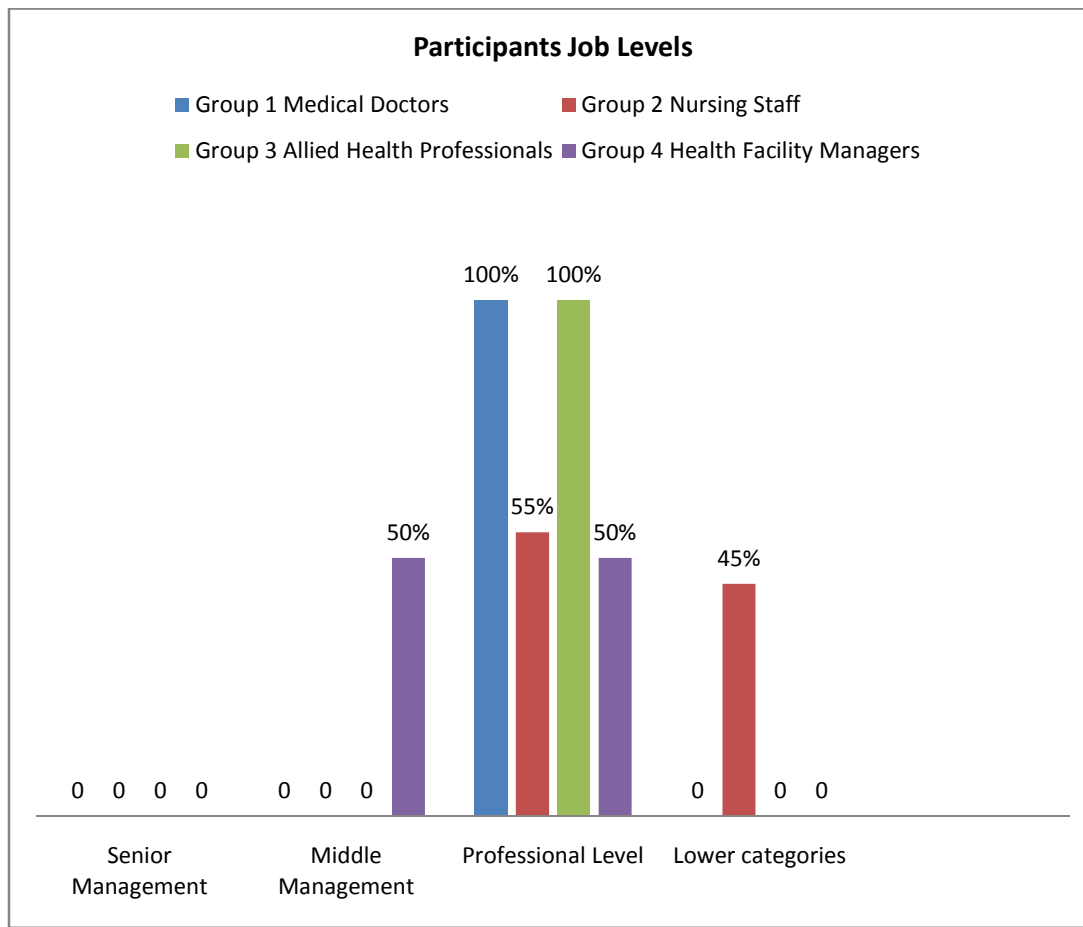
Figure 4.4:   Job levels of respondents

The above results indicated that 55% of the respondents were at a professional level amongst the nursing staff, whilst 45% consisted of lower categories, from the nursing group. Amongst the health facility managers 50% consisted of middle managers, namely the two medical managers in both health facilities whilst the other 50% consisted of nursing service managers at a professional level. From the responses on the above figure it is clear that there is a low percentage of middle managers at health facilities.
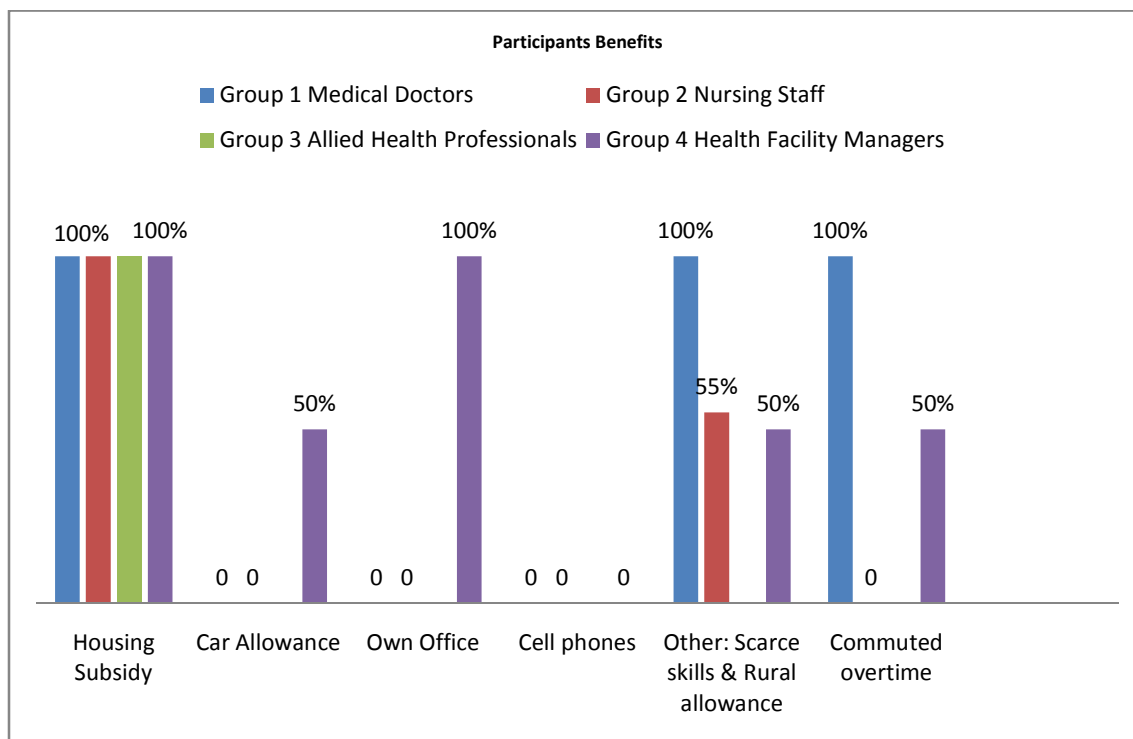
Figure 4.5:   Benefits received by respondents

All recruited health professionals, irrespective of the level and category, receive housing subsidies as prescribed in the amended Public Service Act, 1994. Car allowance was only a benefit for 50% of the respondents from the health facilities' managers - the two medical managers. The nursing service managers do not benefit from the car allowance as they indicated in their responses and commented that they are not regarded as middle managers as stipulated in the Department of Public Service Administration regulations. The medical doctors and medical managers benefitted from the scarce skill and rural allowance and commuted overtime whilst the professional nurses only benefited from the scarce skill and rural allowance.

SECTION 2: RESULTS OF INDIVIDUAL AND ORGANISATIONAL DATA

The first objective was to evaluate the effectiveness of the implementation of induction and orientation programme instituted to newly recruited health professionals. It is hoped that the results will be able to address the set objective.

Question 6 – 12 is based on the implementation of the induction and orientation programme instituted on the newly recruited health professionals.

The researcher set out to evaluate the human resource management challenges encountered in the identified health facilities which directly affect the implementation of the induction and orientation programme instituted for the newly recruited health professionals. The evaluation would establish if there were policies and procedures in place for the induction and orientation programme. All 173 respondents received induction and orientation when they joined the health care organisation.

The respondents were requested to indicate their opinions on the induction and orientation processes they had undergone. The researcher categorised and summarised the data from the respondents using the manual sorting of the answers that appeared to belong together. There were four categories of responses:

- Respondents in Group one and Group three indicated the ineffectiveness of the induction and regarded it as a boring exercise.
    - The process was done verbally with no induction packs.
    - The induction and orientation programme was not well structured.
- Respondents in Group two and Group four appreciated the information that was shared during the induction and orientation session.
    - The basic staffing norms were communicated.
    - The organisational structure of the health facilities was communicated and explained in detail.
    - Protocols and procedures for management of patient care were communicated and explained in detail.

Objective 1 sought to evaluate the effectiveness of the implementation of induction and orientation programme instituted to newly recruited health professionals. It is hoped that the results will be able to address the set objective.

Question 13-18 is based on employee and employer working relationship in the new workstation. On the question of availability of job descriptions, all 173 respondents (100 %) indicated that they had a formal written job description that was compiled by their

supervisors as the contract between the employer and the employee.
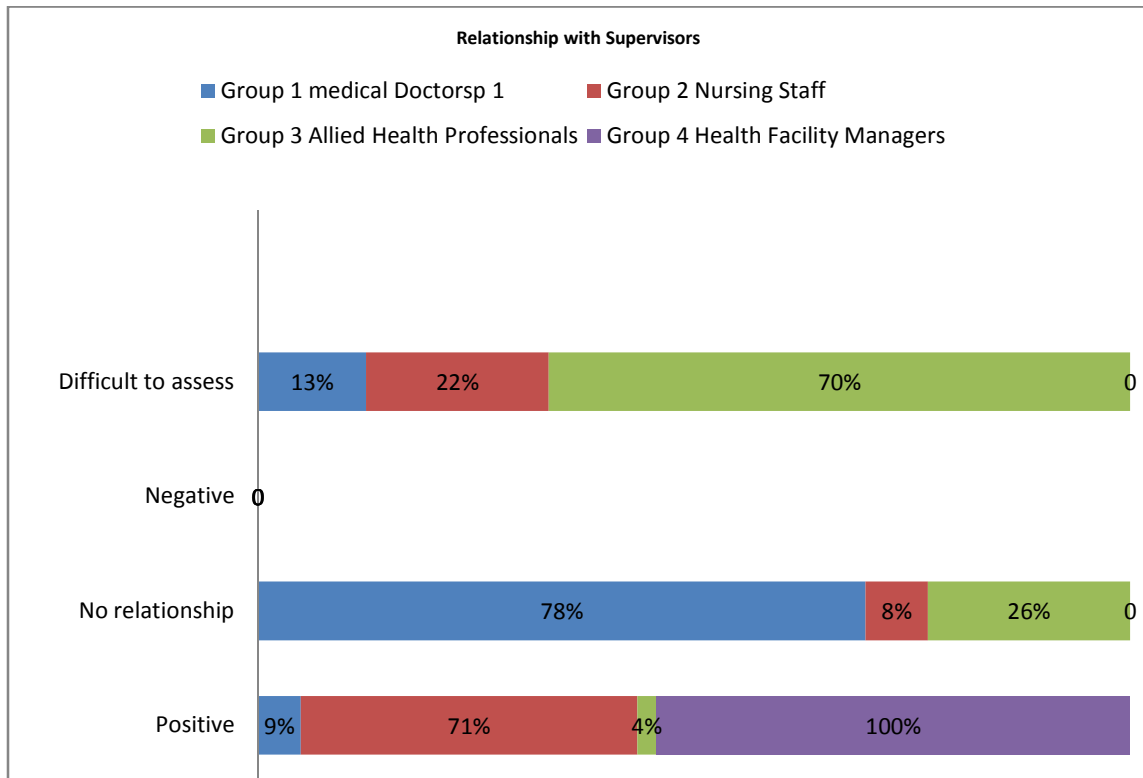
Figure 4.6:   Relationships with supervisors

In figure 4.6, positive relationships with their supervisors were at 100% for facility health managers and 71% for the nursing category, whilst medical doctors were at 78% for no relationships and allied health professionals at 70% indicated that it was difficult to assess.
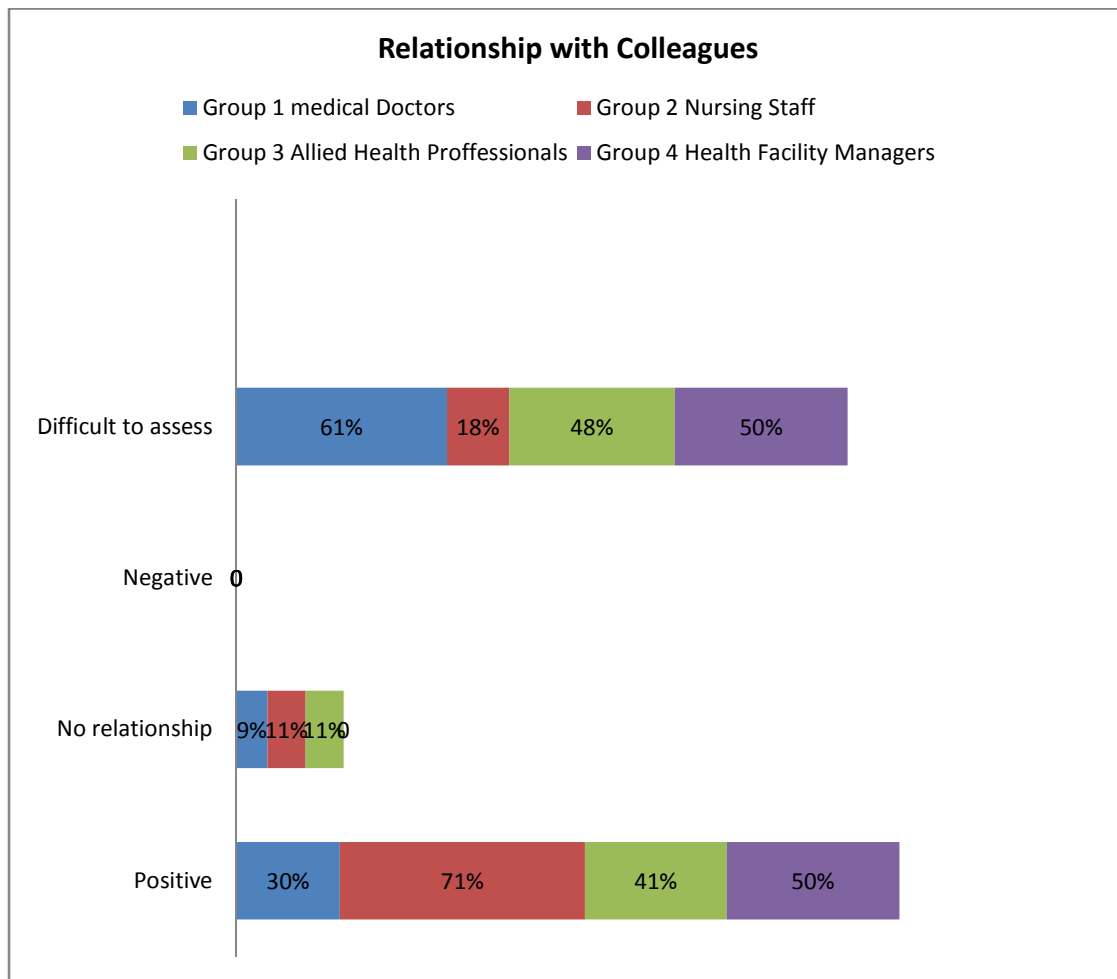
Figure 4.7:   Relationship with immediate colleagues

In figure 4.7 a positive relationship with colleagues is amongst the nursing category. This could be due to the assignment of mentors as it was indicated in the previous questions.
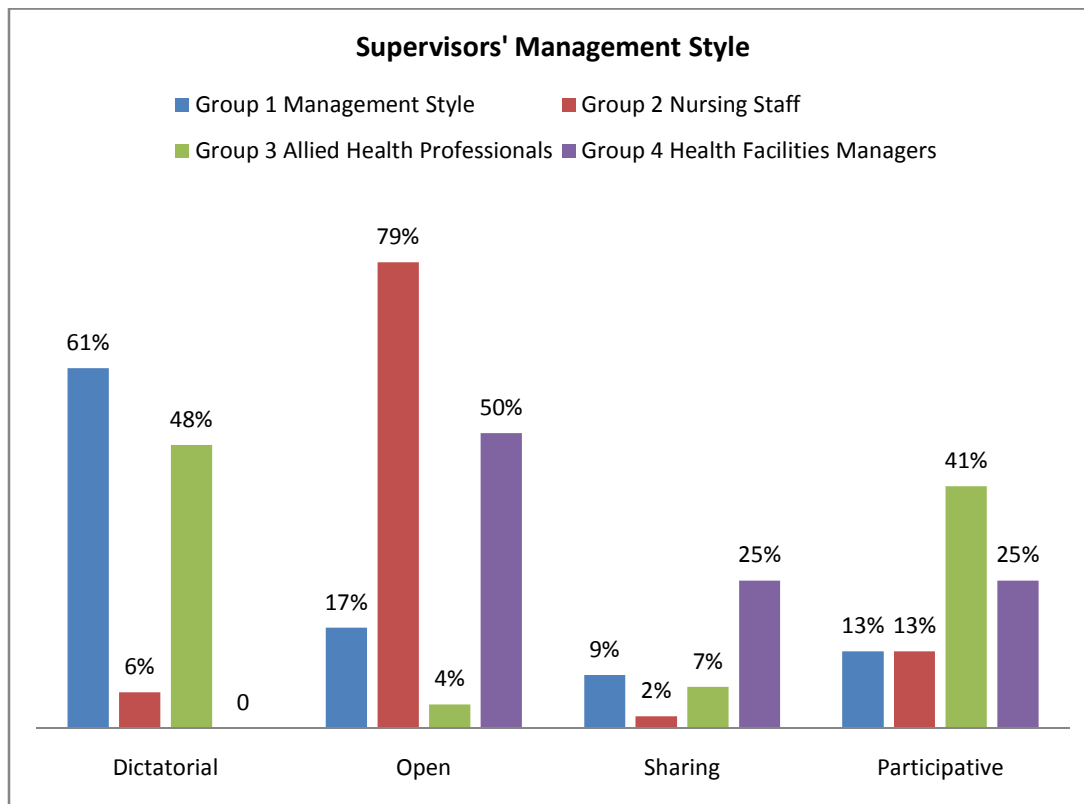
Figure 4.8:   Supervisors' management style

It is interesting to note that the nursing category again indicates a positive outcome of the supervisor's management style at 79% whilst medical doctors and allied health professionals indicate a negative outcome of the supervisor's management style as being dictatorial.
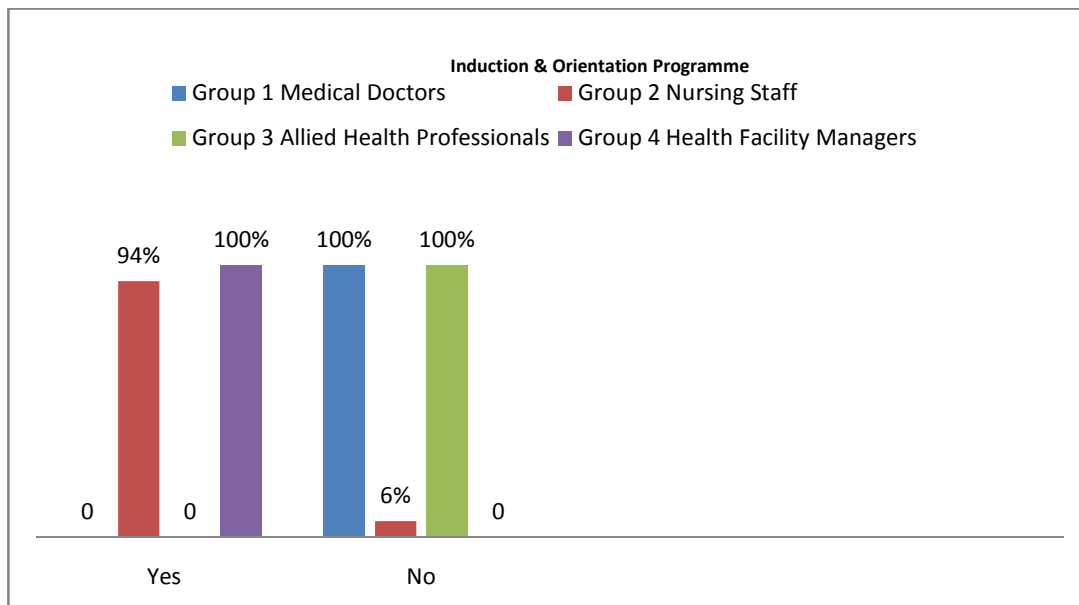
Figure 4.9: **Respondents' induction and orientation programme**

100% of the medical doctors and allied health professionals indicated that the induction and orientation programme was ineffective. It is also interesting to note that the majority of the nursing staff and health facility managers indicated that the induction and orientation programme was implemented effectively.

The second objective sought to identify organisational gaps in the induction and orientation programme. How can the root causes of the problems of the induction and orientation programme be resolved?

Question 19-21 is based on the evaluation of the performance of the Human Resource unit in the health facilities in relation to the outcomes of the induction and orientation processes. On the comments of the newly recruited health professionals on how the induction processes had prepared them for their job, there were different opinions identified from the four groups which were summarised using manual sorting. The results are presented as follows:

- The allied health professionals and medical doctors did not get the expected management support from their supervisors.
- They could not adjust with ease into their work stations.
- The lack of the mentorship programme affected their performance.

- No career developments plans were communicated by the supervisors**.**

Induction and Orientation Programmes of Participants

- Group 1 Medical Doctors
- Group 2 Nursing Staff
- Group 3 Allied Health Professionals
- Group 4 Health Facility Managers

Good	0	72%	0	100%
Average	39%	28%	33%	0
Below Average	61%	0	67%	0
Poor	0			
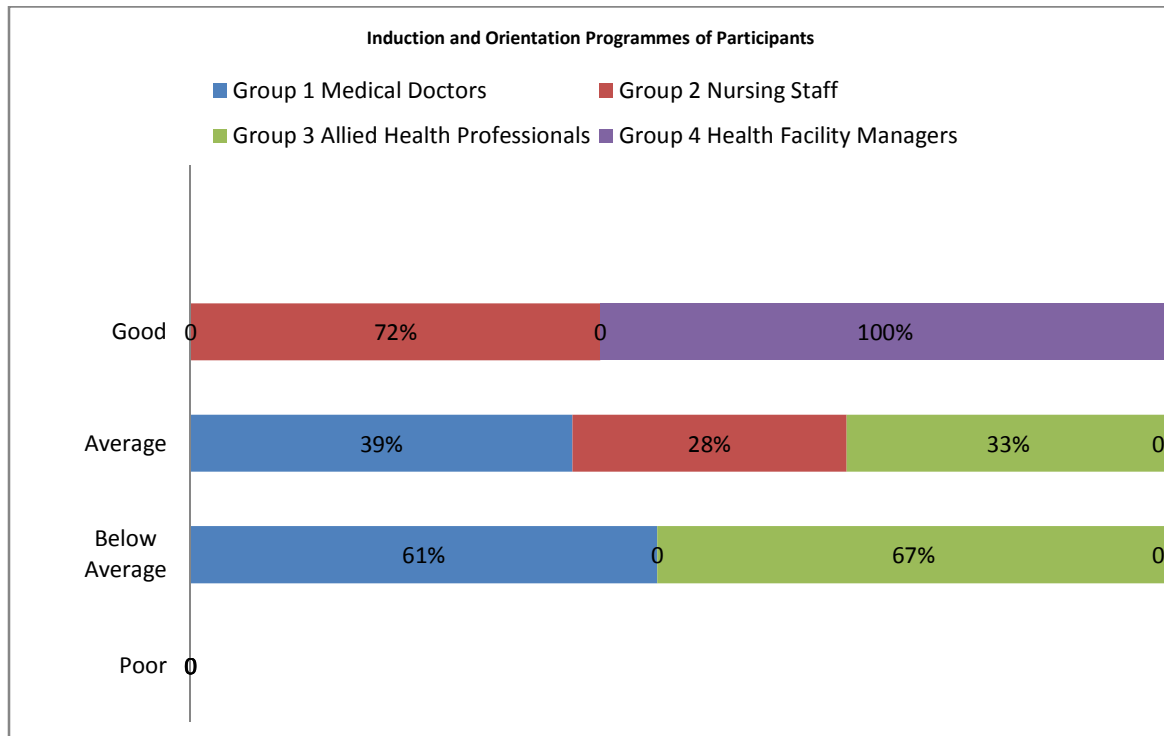
Figure 4.10:   Ratings of the induction/orientation programmes in the health facilities

The above figure 4.10 indicates a positive rating score amongst the nursing staff and the health facility mangers whilst the medical doctors and allied health professionals rated the induction and orientation processes below average. There were also five questions in the questionnaire that asked about the implementation of the induction and orientation processes by identifying constraints that can hinder individual performance in the health organisation.

Table 4.2: Gaps identified with the induction/orientation process

Group 1 (n=23)	Group 2 (n=119)	Group 3 (n=27)	Group 4 (n=4)	Total (n=173)
93% indicated that career development and training programmes were not communicated	56% of respondents indicated that speciality areas as per Occupational Specific Dispensation were not clarified	All respondents indicated that no mentors were assigned.	All health facility managers indicated that they are not assigned mentors.	
93% of respondents that commuted overtime was not clarified as a choice for the medical practitioners.	98% of respondents indicated that the promotional post process was not communicated.	All respondents indicated that career development and training programmes were not communicated.	All health facility managers are ware of the career and development programmes but these have not yet been implemented.	
All medical practitioners indicated that no mentors were assigned.				

The above table indicates that during the induction and orientation processes, all categories of newly recruited health professionals were not satisfied with their individual performance as the health facility had not addressed the challenges in relation to Career Development and Training programmes, commuted overtime, mentorship and Occupational Specific Dispensation. These were the gaps that were identified during the implementation process of the induction and orientation programme.

Table 4.3: Aspects of the induction process that were liked by respondents

Group 1 (n=23)	Group 2 (n=119)	Group 3 (n=27)	Group 4 (n=4)	Total (n=173)
Introduction of newly recruited staff.	Assigning of mentors to mentees.	Introduction of newly recruited staff.	Introduction of newly recruited staff.	
	Introduction of unit managers in different sections.		Presentations on procedure manuals for Patient Management	

The participants were asked to indicate if they received meaningful guidance and support in their workstation. Out of 173 respondents, fifty respondents (29%?) consisting of medical doctors and allied health professionals were not assigned mentors nor coached and four facility managers as well. One hundred and nineteen respondents of the nursing category

(69%?) were assigned mentors to coach them during the first six months. One hundred and six nursing staff (61%?) found the relationship with their mentors meaningful, because it created a positive working relationship and supported the newly recruited nursing staff to adapt and acquaint themselves with the new procedures in the new environment whilst thirteen nursing staff (8%?) found the mentorship programme not meaningful.

The third objective determined individual and organisational performance in relation to the implementation of the induction and orientation programme.
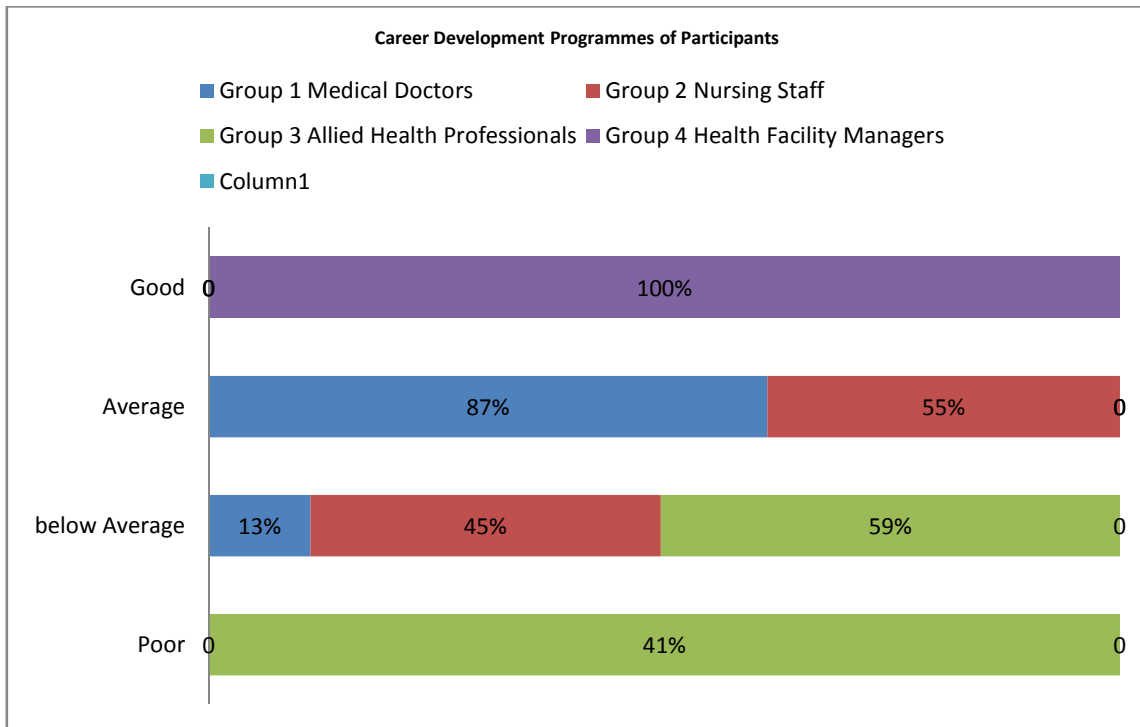
Figure 4.11:   Rating of career development programmes

For career development, only the four facility managers (100%) rated this human resource development strategy as "good" because there were plans that had been communicated for development even though not yet implemented as per their responses. All allied health professionals rated it as being poor. The majority of the nursing staff (87%) rated the human resource development strategy as "average".
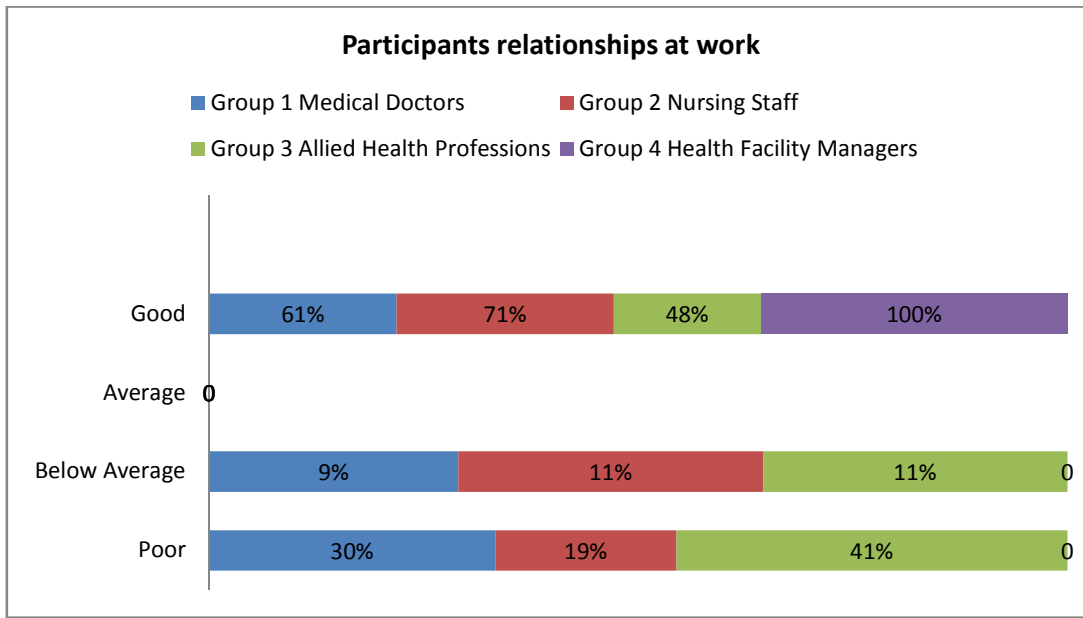
Figure 4.12:   Rating of the employee relationships in the workplace

It is interesting to note that the Human Resource Development strategy to improve employee relationship at the work place is seen by all categories of health professionals as having good results when implemented. The health facility managers were the highest group in terms of good working relationships at work, followed by nursing staff, whilst the medical doctors and allied health professionals were the lowest in terms of good working relationships.
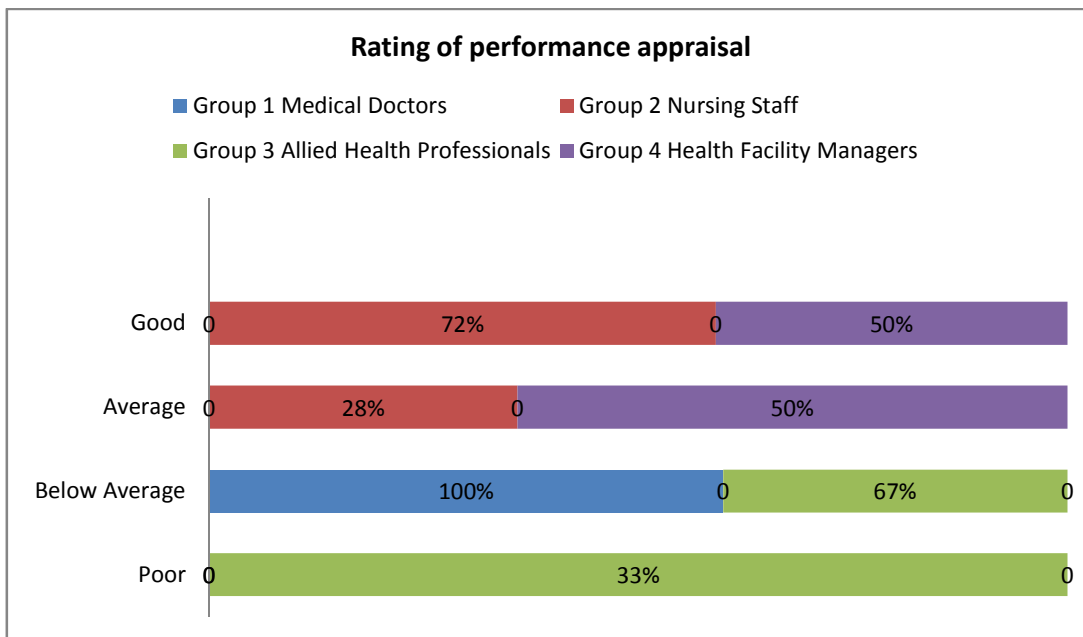
Figure 4.13:   Rating of performance appraisal process

In figure 4.13 (72%) rated performance appraisal and feedback as "good". This was indicated by the nursing staff and the two health facility managers, whilst the medical doctors had 100% below average and the allied health professionals indicated below average in the graph.

Re-oriantation programme ratings

- ■ Group 1 Medical Doctors
- ■ Group 2 Nursing Staff
- ■ Group 3 Allied Health Workers
- ■ Group 4 Health Facility Managers

Good	0 ... 100%
Average	13% ... 55% ... 0
Below Average	87% ... 45% ... 59% ... 0
Poor	0 ... 41% ... 0
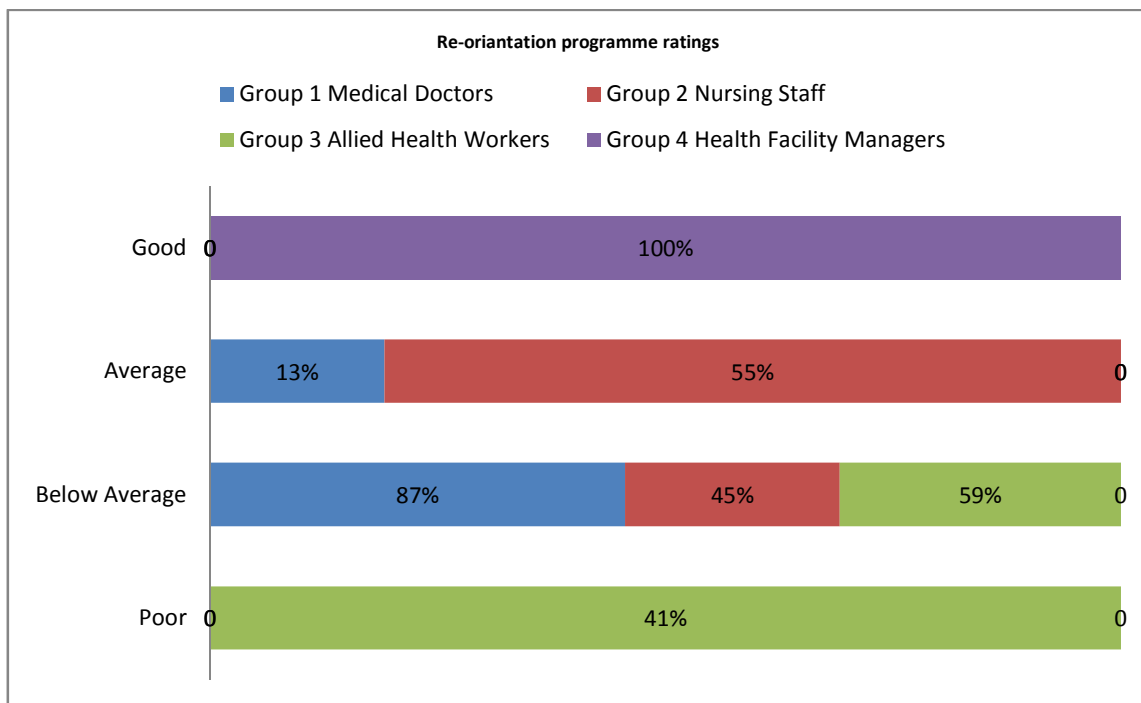
Figure 4.14:   Rating of the re-orientation programmes

With re-orientation programmes on new developments on procedures and protocols, only facility managers rated this strategy as being good. The medical doctors and nursing staff rated re-orientation programmes below average whilst allied health professionals rated it poor.

Table 4.4: Perceptions of community members about the health facility (173 respondents)

Health facility	Population			
	Group 1 Medical doctors	**Group 2** Nursing staff	**Group 3** Allied health worker	**Group 4** Health facility managers
Aggressive	0%	0%	0%	0%
Negative	87%	11%	52%	0%
Disappointed	9%	0%	7%	0%
Frustrated	4%	0%	7%	0%
Disbelieving	0%	0%	0%	0%
Cautious	0%	0%	0%	0%
Undecided	0%	0%	0%	0%
Curious	0%	0%	22%	0%
Satisfied	0%	89%	0%	0%
Confident	0%	0%	0%	100%
Total	**100%** **(23)**	**100%** **(119)**	**100%** **(27)**	**100%** **(4)**

The respondents' view of other people's perception of the organisation was ascertained. The health facility managers all thought that people were 'confident' about the services rendered by the health professionals appointed in the health facilities. The variables used in the table emanate from the employee-client satisfaction surveys that are conducted annually in the Mpumalanga Health Department to determine quality of services rendered in each health facility.

Table 4.5: Work happiness index (173 respondents)

Face presentation	Population			
	Group 1 Medical doctors	**Group 2** Nursing staff	**Group 3** Allied health workers	**Group 4** Health facility managers
Very happy at work	0%	30%	0%	50%
Happy at work	8%	58%	7%	50%
Neutral work	22%	12%	67%	0%
Unhappy at work	70%	0%	26%	0%
Very unhappy at work	0%	0%	0%	0%
Total	**100%** **(23)**	**100%** **(119)**	**100%** **(27)**	**100%** **(4)**

When presented with different face options that reflected different feelings and asked to choose the one that best depicted their feelings about their organisation, the health professionals' response was to improve their frustrations by involving themselves in Management Career Development programmes; the neutral face chosen was due to the lack of Career Development programmes in different categories. The very happy face indicated by 50% of respondents is facility managers whilst medical doctors indicated 70% of being unhappy at work. These results can be an advantage to the organisation and can help the organisation to transfer this career support knowledge by bridging the Management Career Development gap to assist the frustrated health professionals.

SECTION 3: SITE QUESTIONNAIRE

Table 4.6: Assessment of the performance of the health facilities

Ordinal **Variable**	Professional group per indicators			
	Group 1 Medical doctors	**Group 2** Nursing staff	**Group 3** Allied health Workers	**Group 4** Health facility managers
Purpose	All rated low	60 rated fair	All rated low	All rated high
Empowerment	All rated low	All rated low.	All rated extremely low	All rated high
Relationships and communications	All rated fair	All rated fair	All rated fair	All rated high
Flexibility	All rated low	All rated low	All rated low	All rated low
Optimal productivity	All rated low	86 rated good, 33 rated fair	All rated low	All rated fair
Recognition and appreciated	All rated low	All rated low	All rated low	All rated low.
Morale	All extremely low.	86 rated fair. 33 rated extremely low	All rated extremely low	All rated good
Total (173)	**13%** **(23)**	**69%** **(119)**	**16%** **(27)**	**2%** **(4)**

The findings on the site questionnaire which requested respondents to assess the extent to which their facilities are performing by using a rating scale were indicated and interpreted in the above table and discussed below:

- **Purpose:** 98% of the respondents rated the purpose of their role as extremely low, as they saw themselves not having a common purpose within the health organisation due to the unclear roles and how they are to meet the expectations of their customers.

- **Empowerment:** 98% of respondents rated empowerment low because they felt strongly that there is no access to necessary skills to improve health services in their health facilities.

- **Relationship and communication**: All respondents felt that relationships, especially with their supervisors, are fair. This is revealed by the findings that managers do not communicate information on Career Management which will benefit all health professionals irrespective of their levels of operation within their working environments. They regarded this relationship as being non-transparent.

- **Flexibility**: All respondents rated flexibility as low. The reason being that their efforts to improve service delivery in their working stations by their innovative ideas are threatened and their supervisors begin to use power to enforce static procedures upon the newly recruited health professionals.

- **Recognition and appreciation**: All respondents rated this focus area as low, due to the fact that their outstanding performance is not being recognised through incentive bonuses as they are regarded as employees that are on probation for a period of 12 months as per the Performance Management and Development System policy of the Department. If there were initiatives by the authorities of the health facilities on introducing other methods of recognising or appreciating outstanding performance of newly recruited health professionals, the rating could have been good. Therefore, the human resource management directorate should introduce other strategies that will help facility leadership to recognise outstanding performance of the newly recruited health employees.

- **Morale**: 97% of respondents rated the morale as low and health facility managers rated it fair. The morale of the newly recruited health professionals is affected by the above key focal areas which were rated low. Therefore, the root causes that affect health professionals' performance and wellbeing in the new environments need to be urgently attended to, so that the demotivated employees can regain strength and be able to perform better in their work stations. This will lead to improved health services in the Health Department. The following chapter will discuss these findings.

CHAPTER 5:
DISCUSSION OF RESULTS

5.1 INTRODUCTION

At the end of the previous chapter, research objectives were used to present the results, and an attempt will be made in this section to analyse data obtained from the questionnaire, using these objectives.

5.2 DISCUSSION

The first research objective was to evaluate the effectiveness of the implementation of the induction and orientation programme. The findings corresponding to this research objective have shown that the induction and orientation policy is available in the Mpumalanga Department of Health. The relevant questions that were addressing this key research objective also indicated that all respondents were exposed to the induction and orientation programme. However, the results about the implementation of the induction and orientation programme indicated that all health professionals had different challenges in their work stations as the induction process did not clarify how career development and training is managed in the health facility especially for the medical doctors and allied health professionals. The assigning of mentors was identified as a key challenge amongst medical doctors, allied health professionals and facility managers. The nursing staff category indicated their challenges during the implementation of the induction and orientation process on how Occupational Specific Dispensation issues are going to be managed as they were posing a challenge amongst the professional nurses. The medical doctors were also unhappy on how commuted overtime is being managed as it affected their rights of making choices. These challenges from the respondents could have been attended to by the facilitator in the form of feedback sessions. The findings corresponding to this research objectives have shown that the induction and orientation programme although it is being implemented in the health facilities it is ineffective as it does not serve the purpose of imparting critical information to the newly recruited health professionals. This is evident from the literature that has been reviewed that implementation of this programme is generally rigid, generic and conducted for compliance purposes, hence the outcomes are negative. Grobler et al., (2002)

also agrees that the induction programme is conducted over a period of a few days or even hours.

The findings showed that the medical doctors and allied health professionals are not surviving in their new work stations especially with the procedures, controls and strategies on patient management, which is very critical in orientating newly recruited health professionals to cope with their new environment as Grobler et al., (2002) have indicated that awareness of an environment helps employees to adapt with ease and have strategies for overcoming challenges within their working environment, partnership with other tertiary institutions can benefit this challenge. Therefore if feedback sessions are not attended to it becomes difficult to identify challenges that are affecting the newly recruited health professionals. The available literature whereby Stoner (1995) reported that induction is a process that provides new employees with information that is needed to function comfortably and effectively in the organisation, is being compromised in the health facilities.

The relevant findings indicated that both newly recruited and existing staff agreed that they do have job descriptions developed by their supervisors but the relationship with their supervisors was rated poorly, especially by the medical doctors and allied health professionals. This impact negatively on productivity and individual growth. Strong involvement in one's work and the amount of information provided by the organisation can be complementary aspects to human resource management activities.

The findings revealed that the respondents were genuinely concerned about the lack of participation and the inadequate approaches and commitment to addressing the issues of human resource management. Respondents clearly agreed on challenges with peer reviews and establishing a training and development framework and recognition of individual development with incentive reviews, since all employees sign the performance appraisal contract it is advisable to include training and development of employees that have been recruited in the new workstations. Therefore, it is evident through the findings that the implementation of the induction and orientation programme is not done effectively, especially with regard to the medical and allied health professionals. Literature from Kotter (1999) indicated that the greater the matching of mutual expectations, the greater the probability of job satisfaction and productivity: these results bear this out. The expectations

of the medical doctors and allied health professionals during the induction process was that they be treated as equals with the nursing staff, especially for the mentorship programme - hence, they indicated their negative opinion on this gap of organisational performance. The human resource management coordinators should ensure that they strike a balance amongst the health professionals that are inducted.

The available literature whereby Robbins (1993) has indicated that the purpose of the induction to mould the outsider into an employee of good standing by engaging the employee in a formal procedure is being compromised by the Mpumalanga Department of Health as indicated in the results. In terms of what is expected by the newly recruited employees in the new work place has not been met in the study. The study has revealed discrepancies in management of medical doctors, allied health professionals and nursing staff. The nursing staff was assigned mentors which helped in giving support and close supervision whilst the medical doctors and allied health professionals were not assigned mentors. Martin (1998) has indicated that if the expectations of the employee are met, the organisational expectations of providing better customer services will be improved. However, this is a challenge to the Nkangala health facilities. One of the Management of Career Development challenges faced by human resource management professionals is aligning Management of Career Development objectives more closely with strategic and organisational objectives, something that sounds logical and easy, but which is very difficult to do. The challenge has become a professional field, with its own language, specialities and expertise. The catalyst for this perspective is a focus on the organisation's strategic imperatives: the core drivers are a re-appraisal of Management of Career Development activities and a greater push for the development of a human resource management strategic and systematic approach to the function of the organisation.

The third research objective of the study was to determine individual and organisational performance in relation to the implementation of the induction and orientation programme. However, the results indicated that a high number of respondents need a stronger focus on capacity building in health facilities. A link between an organisational human resource management strategy with Performance Management and Development System planning and the strong integration of mentoring/coaching with organisational Management of Career Development programmes can create a high priority system to fast-track Management of

Career Development activities for health professionals which will further impact positively on performance.

There is a perception by respondents that there is no registered career programme infrastructure in place for the development of health professionals in all categories. This can hinder performance of the individuals and that of the organisation, as new developments in the health system must be in line with the capacity of operations. According to the student's findings, there is still a need for Management of Career Development to be the focus of the organisation's highest commitment and to fast track and conduct performance appraisal programmes for the development of health professionals, especially facility managers and those with scarce skills.

The available literature whereby Stoner (1995) indicated that the individual professional development plan encourages employees to set personal educational and training goals is being compromised in the Nkangala health facilities. The results have shown that in all categories of health professionals, career development is being compromised. Hence, the respondents in all categories indicated that the employer does not provide in-house career development programmes and enough opportunities for employee development. The induction process most highly regarded by respondents in all groups was the introduction of newly recruited staff. The nursing staff indicated that the assigning of mentors to mentees was appreciated. The non-assignment of mentors to medical and allied health staff created difficulties on how to settle with ease into their work stations as they come from different tertiary institutions with different cultures and values. The mentorship programme should identify and provide the key work experiences and knowledge required for Management of Career Development in the workplace. The concerns with simply measuring and assessing these induction and orientation processes have changed to look rather at how learning can be integrated into everyday activities in the workplace. The focus is now on Management of Career Development learning through re-training to solve workplace problems, self-determined development and understanding what it means to become a learning organisation. Literature that has been reviewed has shown that career development encourages employees to learn new skills and it avoids obsolescence, staff turnover and frustrations in the organisations (Swanepoel et al., 2003).

The student focused on establishing the respondents' feelings regarding the department's current involvement and contribution to their careers. The results indicate that the majority of respondents feel that the top management is not involved in career planning activities and commitment to life-long learning. This finding indicates a need for organisational Management of Career Development programmes that are fully integrated with strategic human resource management structures.

The respondents perceive a need for a response to their career needs and that financial assistance for Management of Career Development therefore be channelled through an established human resource management advisory committee. The role of this committee would be to meet regularly and review needs, assess and evaluate data and offer advice on the type and content of human resource management career programmes and policies, all of which must be offered in conjunction with the organisational strategic objectives. The advisory committee should be composed of members from different sections in the organisation. This provides a different perspective on human resource management needs and creates a broader level of support from all parts of the organisation.

The respondents experienced difficulties in assessing their relationship with their supervisors. The respondents perceive their organisation's response to their personal Management of Career Development needs as being poor and the respondents are not trained to meet the challenges of new procedures and protocols within the health system.

The career dimension survey is aimed at discovering key dimensions that need to improve performance of health professionals and investigate career development gaps within their working station. The outcomes will enable an organisation to build a successful Management of Career Development programme. The concepts of Management of Career Development are not always well understood by all levels of health professionals, and misconceptions may prevail regarding career expectations. An active Management of Career Development system will unite the health professionals' aspirations with the strategic direction of the organisation. The literature by Chartered Institute of Personnel and Development (2003) on Ability, Motivation and Opportunity indicated that the principle of Ability, Motivation and Opportunity maximises productivity through Management of Career Development tools. Therefore, it is advisable that the Mpumalanga Department of Health adopt the Ability,

Motivation and Opportunity principle in order to retain the newly recruited health professionals in the health facilities.

Furthermore, Conger (1992) in his literature, did mention personal growth approach which enables individual employee to work with passion in their work station. The findings indicated that the medical and allied health professionals are not passionate about their work due to lack of support from their immediate supervisors. From the above discussions based on how the health professionals responded, it is evident that the implementation of the induction and orientation programme was ineffective amongst the medical doctors and allied health professionals.

Literature reviewed has shown that 'Coaching for improved work performance' outlines a systematic process based on the principles of behavioural psychology (Fournies, 1978). Performance coaching is therefore critical in the new environment to improve service delivery. Coaching is a process that provides a workable alternative to what he refers to as "YST-Yelling, Screaming and Threatening" as opposed to "Instead of pushing solutions on people with the force of your argument, pull solutions out of them" (Fournies, 1978). In the Nkangala health facilities the medical doctors and allied health professionals are not given support to improve their performance as they indicated in the results that mentors are not assigned.

The second research objective was to identify organisational gaps in the induction and orientation programme. The findings on the questions based on this key research objective revealed that the respondents were genuinely concerned with the lack of effective implementation of the induction and orientation programmes. This is due to poor planning of the induction processes by the facility managers and human resource development coordinators. The programme is undertaken in order to comply with legislation and this shows the ineffectiveness of the Human Resource Development unit in monitoring the induction and orientation programme. This may be a contributory factor to the high staff turnover rate being experienced in the rural health facilities amongst the medical doctors and allied health professionals.

Respondents were shown 'face' images corresponding to emotions about their organisation

and were asked to choose the one that most accurately depicted their organisation. Medical and allied health staff respondents indicated their frustrations due to a lack of support by their immediate managers in career development and lack of mentorship programmes, whilst nursing staff and facility managers responded that they are happy at their working stations due to the mentorship programme implemented for this category of staff. These discrepancies amongst the newly recruited health professionals must be attended to by the human resource management directorate as they affect service delivery negatively.

All newly recruited health professionals do have expectations in their new environment. As Kotter's (1999) research has confirmed, the greater the matching of mutual expectations, the greater the probability of job satisfaction, productivity and reduction of staff turnover. The expectation of the medical and allied respondents was that they be assigned with mentors, but the human resource management coordinators did not do so. This affected individual performance and organisational performance as well as lowered the morale of staff in the health facilities.

The findings and discussions of the results provided clear support for the argument that the newly recruited health professionals in the new health facilities are not within an effective induction and orientation programme so that they have common understanding and goals. There are discrepancies with regard to the induction and orientation of the medical and allied professionals compared to the nursing and health facility managers. The study revealed that development programmes are not communicated to the newly recruited health professionals. If this can be corrected, then the Management of Career Development programmes are likely to bear fruit, especially after being assessed on performance. The individual can be developed in the area where he/she is under-performing and the organisation can be rated high on the performance.

The human resource management unit must ensure that it plays a pivotal role in creating momentum in human resource programmes in order to promote regulatory functioning of frequent consultation with newly recruited health professionals to give support, guidance and continuous feedback on performance during the probation period.

The above findings show that this study has addressed the dissertation's problem statement of

"The induction and orientation programme instituted for newly employed health professionals in the Nkangala Health District of Mpumalanga Province may not be functioning effectively" and has shown the areas in which there is room for improvement.

5.3   STRENGTHS OF THE QUESTIONNAIRE

- The questionnaire was inexpensive to administer
- The information on the questionnaire was easy to tabulate
- The questionnaire did not require any expertise to administer (Regenesys, 2004:27).

5.4   LIMITATIONS

- It was difficult to locate health facility managers for collection of their responses as they were always in workshops.
- The process of transcribing and analysing data was time-consuming and costly.
- A few respondents could not be reached as they were on leave.

Lastly, the overall sample results from the total respondents were satisfactory and reasonably represent the Thembisile and JS Moroka health facilities. The sample quota coverage was achieved.

The following chapter examines the recommendations and conclusions.

CHAPTER 6:
RECOMMENDATIONS AND CONCLUSIONS

6.1   INTRODUCTION

As was set out at the beginning of the study, the primary focus of this study was to evaluate the implementation of the induction and orientation programmes instituted for the newly recruited health professionals in the Thembisile and JS Moroka health facilities. This study should help to ensure that the lack of appropriate and effective human resource management strategies regarding the effective implementation of an induction and orientation programme in the health sector is addressed. The necessary ingredient for this improvement is a critical mass of skilled and motivated health facility managers, especially the human resource management directorate at all levels of the health system, to ensure that these strategies are implemented effectively in the health care facilities within the communities they are serving.

Managers in the health system must clearly articulate and communicate a vision and mission to the newly recruited health professionals. The vision and mission of the health system must be translated into clear operational strategies. Therefore, an effective governance and management system is vital in implementing the human resource policies that relate to the induction and orientation programme.

6.2   RECOMMENDATIONS

Based on the analysis of the information collected and interpreted and the conclusions reached, the student is able to make the following recommendations clustered under headings for convenience.

6.2.1   Effective implementation of the induction and orientation programmes

The Mpumalanga Department of Health must design a comprehensive induction and orientation programme for all newly recruited health professionals in line with the Departmental induction and orientation policy. The Provincial and District human resource development coordinators must continuously monitor and evaluate the implementation of the

induction and orientation programmes in the health facilities. Capacity-building workshops must be conducted in order to acquaint health facility human resource development coordinators with effective implementation of induction and orientation programmes. All newly appointed health professionals, especially the medical doctors and allied health professionals, should have access to a formal induction and orientation programme which will introduce them, in particular, to aspects of procedures and protocols in management of patients. Such an induction programme for medical and allied health professionals should be conducted in collaboration with the senior medical managers that have had long experience in the health facilities in order to mentor the newly-recruited medical and allied health professionals. Effective participation of all newly recruited health professionals in the induction and orientation programmes is a way of recognition that fills the need for involvement and acceptance, and gives a feeling of fulfilment.

6.2.2   Mentoring, support and monitoring

More support and mentoring is required for newly recruited health professionals; this can happen by assigning each newly recruited health professional a buddy or coach who will guide each of them in his/her area of practice. This early monitoring reduces fear and frustration, and identifies those who truly need more assistance to do the job. The Department of Health should monitor the effective implementation of performance management systems and job descriptions in all health facilities in order to create a positive relationship to reduce disputes between supervisors and employees. Communication between the provincial, district and facility managers should be streamlined to avoid proliferation of meetings and workshops, which take managers away from their primary responsibilities in the health facilities. They are supposed to give guidance to the Human Resource unit on how induction and orientation programmes should be conducted in their facilities to avoid discrepancies in the implementation of induction amongst health professionals that are newly recruited. It is important to monitor and engage with policy developments outside the health sector that may impact negatively on human resources.

6.2.3   Career management

It is necessary to review the database for skills and competencies required by health professionals and then to finalise the provincial human resources plan which clearly defines staffing norms for district hospital services, taking into consideration the demand factors such as the burden of diseases, population growth, attrition and organisational change. Appropriate on-going training and support for health professionals is critical. Balancing the demands of patient management with skills development will result in the rendering of quality service delivery.

6.2.4   Recognition

Adherence to Maslow's (Carrell et al., 2002:105) hierarchy of needs egoistic needs that include pride, self-respect and self-confidence are highlighted, as well as status needs that include recognition, appreciation and respect by others are key to personal development. The satisfaction of these needs can make a person feel valuable, recognised and useful and is a particularly important motivator for the individual.   Job satisfaction as described in Hertzberg's theory (Carrell et al., 2002:107) depends on adequate salary, conditions of service, job security and benefits and these are necessary before the health professionals can be motivated in any way. Job enrichment is the key to self-motivation.

6.2.5   Utilisation of an advisory forum to build Management of Career Development participation, support and feedback

It is important to establish support throughout the health organisation for Management of Career Development programmes before they are implemented especially in critical programmes like the induction and orientation programme. One of the best ways is to ensure the establishment of an advisory committee. This advisory committee will be linked to the strategic human resource management directorate. It will play an important role in defining the present health system and its needs. This forum can also establish a sophisticated and effective process for evaluating the progress of health facility human resource development coordinators towards meeting induction and orientation objectives and career management. An advisory committee is also useful in determining new directions and setting new

Management of Career Development visions and goals for the Department of Health in line with new government priorities. The members can also identify line managers and key players within the Management of Career Development activities and keep human resources in the foreground in implementing the strategic objectives of the Department.

Among the benefits of the advisory committee would be to empower all managers and all health professionals with an opportunity to enrich and expand in their workstations, to develop and increase appreciation about the complexity of the health organisation.

The advisory forum committee must develop a Management of Career Development action plan that specifies the human resource management intervention strategy, the objective of each activity as well as who will be involved, and responsible, and when the activity will be completed. Therefore, the senior management of the Department of Health should continually work with the core advisory forum committee members on the human resource management strategic systems that impact on the implementation of the induction and orientation programme in order to review results of the programme and make appropriate adjustments on the gaps identified. An internal auditing and reporting system with regards to the induction and orientation programme activities that are linked to the Departmental human resource management strategies must be enforced. By having this forum in place, the objectives set by the researcher in chapter one will be reached.

1.3   CONCLUSION

The main task of the research study has been to reflect specifically on the capacity of the Health Department in relation to the human resource development strategies, especially with regard to induction and orientation in relation to career management challenges that impact on the newly recruited health professionals. The agenda of the health sector is to achieve the Millennium Developmental Goals by 2015. It therefore requires that the health professionals be inducted and oriented effectively so that they can acquaint themselves with these Millennium Developmental Goals in their daily scope of practice and commit themselves to acting in ways that will facilitate the agenda of the leadership.

Stakeholders in the health system must take cognisance of the fact that starting a new job is considered to be one of the most stressful life experiences. The proper and efficient induction process of all newly recruited health professionals will benefit all stakeholders that have an interest in the public health sector. How new employees function on the job stems from orientation. If it is good, they will take off and soar. If it is poor, they will have to deal with misinformation and negative work experiences that will ultimately be more costly for everyone (Buchan & Calman, 2004).

The health professionals' morale, particularly among the medical doctors and allied health professionals, is already low and impacts negatively on service delivery. There is a high turnover of staff with movement to both the private sector and to other countries. Factors contributing to the high turnover are the absence of a sense of stability for health professionals, inadequate conditions of the work environment and a lack of transparency in the transformation process. Lack of orientation programmes for a better understanding of new policies has a negative impact on service delivery. The human resource management directorate is therefore requested to shoulder greater responsibility than previously, particularly in the induction and orientation programmes, in order to achieve quality service delivery.

Important norms and standards to guide the planning for human resources and performance management are lacking in the health facilities. The critical shortage of staff elicits challenges to planned and managed retention and recruitment strategies with limited benefits to health professionals, therefore the human resources plan that is due for completion by the Provincial human resource management directorate must include recruitment and retention strategies for health professionals.

The facility managers need to do a skills audit on recently recruited health professionals in order to identify the skills gaps. The career development programme must be implemented in line with the identified skills gaps of the health professionals.

Lastly, evaluation of and involvement of human resource units in human resource management programmes is essential from the beginning to the end – using a lifecycle approach. The human resource management directorate are encouraged to use every possible

intellectual and conceptual skill to build facility managers to support Management of Career Development programmes in every phase of the development of health professionals in accordance with the Departmental vision and action plan. The evidence emanating from the research study supports the need for an effective induction and orientation strategy that will meet the goals and objectives of the Department, one which will complement sustainable life-long learning and form a vital part of the organisation's culture. Like the Declaration of Alma Ata, more recent documents of the World Bank Report (2001) and the United Nations Project (2005) remind us that health is integrally linked to the full range of development challenges – food, security, education, equity and poverty reduction (South African Health Review, 2005). Investing in health accelerates development, whilst ill health impedes development initiatives, (World Bank Report, 1993).

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APPENDICES

Appendix 1:   Approval of the project by the Postgraduate Education Committee UKZN

UNIVERSITY OF
KWAZULU-NATAL

02 December 2008

Dr M B Kistnasamy
Public Health Medicine
NRMSM

Dear Dr Kistnasamy

PROTOCOL: A study to assess the effectiveness of the induction and orientation programme for newly employed health professionals in the Nkangala health district of Mpumalanga Province, over the two year period of 2006 to 2007. MP Kunene. 206524355 MPH. Ref. No. MPH 006/08

The Postgraduate Education Committee ratified the approval of the abovementioned study on 02 December 2008.

Please note:

The Postgraduate Education Committee must review any changes made to this study.

The study may not begin without the approval of the Biomedical Research Ethics Committee.

May I take this opportunity to wish the student every success with the study.

Yours sincerely

Dr A Voce
Dean's Assistant: Coursework Programmes
Postgraduate Administration

CC: MP Kunene

Appendix 2:   Approval from the College of Health Sciences, Biomedical Research Ethics Committee

UNIVERSITY OF
KWAZULU-NATAL

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604769 - Fax: 27 31 2604609
Email: BREC@ukzn.ac.za
Website: http://research.ukzn.ac.za/ResearchEthics1415.aspx

17 July 2009

Dr M D Kistnasamy (Supervisor)
Department of Public Health
Nelson R. Mandela School of Medicine
University of KwaZulu-Natal

Dear Dr Kistnasamy

PROTOCOL: To assess the effectiveness of the induction and orientation programme instituted for newly employed health professionals in the Nkangala health district of Mpumalanga Province, over the two year period of 2006 –2007. Ms Pearl Kunene, Department of Public Health UKZN. REF: BF027/09.

The Biomedical Research Ethics Committee (BREC) has considered the abovementioned application.

The study was approved by a quorate meeting of BREC on 10 March 2009 pending appropriate responses to queries raised. Your responses received on 13 May 2009 to queries raised on 19 March 2009 have been noted by a sub-committee of the Biomedical Research Ethics Committee. The conditions have now been met and the study is given full ethics approval and may begin as from today; 17 July 2009.

The protocol and related study documents have been reviewed and approved.

This approval is valid for one year from 17 July 2009. To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to BREC on the appropriate BREC form 2-3 months before the expiry date.

Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by BREC prior to implementation.

Your acceptance of this approval denotes your compliance with South African National Research Ethics Guidelines (2004), South African National Good Clinical Practice Guidelines (2006) (if applicable) and with UKZN BREC ethics requirements as contained in the UKZN BREC Terms of Reference and Standard Operating Procedures, all available at:
http://research.ukzn.ac.za/ResearchEthics1415.aspx.

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-JUL-2009 14:33 FROM PUBLICHEALTH   TO 0013047/3318   P.03/03

BREC is registered with the South African National Health Research Ethics Council (REC-290408-009). BREC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA 678).

The following Committee members were present at the BREC meeting held 10 March 2009:

Professor D Wassenaar	Chair
Professor S Collings	Psychology
Ms T Esterhuizen	Faculty of Medicine
Dr R Govender	Family Medicine
Dr U Govind	General Practice - Private Practitioner
Ms J Hadingham	HEARD
Dr T Hardcastle	Surgery - Trauma
Dr Z Khumalo	KZN Health - External
Professor T E Madiba	General Surgery
Ms F Naidoo	Oncology and Radiology - External
Dr S Paruk	Psychiatry
Professor L Puckree	Physiotherapy
Professor D Pudifin	Medicine
Professor V Rambiritch	Pharmacology
Dr M A Sathar	Medicine

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely

Professor D R Wassenaar
Chair: Biomedical Research Ethics Committee

TOTAL P.03

Appendix 3: **Ethics approval by the Provincial Research and Ethics Committee of the Mpumalanga Department of Health**

health
Department:
Health
MPUMALANGA PROVINCE

Litiko LeteMphilo

No. 7 Government Boulevard
Riverside Park
Extention 2
NELSPRUIT
1200

UmNyango WezaMaphilo

Private Bag X 11285
NELSPRUIT
1200
Tel.: +27 13 766 3429
Fax: +27 13 766 3458
Departement van Gesondheid

Enquiries: Molefe Machaba (013) 766 3009/Kate Mathe 3102

6 August 2008

Ms Pearl Kunene
P.O BOX 563
Garsfontein

Dear Ms Pearl Kunene

APPLICATION FOR RESEARCH & ETHICS APPROVAL: TO ASSESS THE EFFECTIVENESS OF THE INDUCTION AND ORIENTATION PROGRAMME INSTITUTED FOR NEWLY EMPLOYED HEALTH PROFESSIONALS IN THE NKANGALA HEALTH DISTRICT OF MPUMALANGA PROVINCE OVER THE YEARS PERIOD OF 2006 TO 2007.

The Provincial Research and Ethics Committee has approved your research proposal in the latest format that you sent. No issues of ethical consideration were identified.

Kindly ensure that you provide us with the report once your research has been completed.

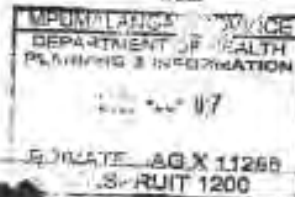Kind regards

Molefe Machaba
Research and Epidemiology

Date 07-08-2009

Mpumalanga PHREC
Chairperson: Dr Mosa Moshabela

Date 2009/08/07

MPUMALANGA PROVINCE
DEPARTMENT OF HEALTH
PLANNING & INFORMATION

... ... 07

PRIVATE BAG X 11285
NELSPRUIT 1200

Appendix 4:   Letter to Study Respondents

Private and Confidential

Dear Participant,

My name is Makazi Pearl Kunene. I am currently doing my Masters in Public Health at the Nelson Mandela Medical School, University of KwaZulu-Natal, Durban.

Please complete the attached questionnaire which will form part of my research dissertation for the fulfilment of the degree titled:

An assessment of the effectiveness of the induction and orientation programme instituted for newly employed Health Professionals in the Nkangala Health District, in Mpumalanga Province, over the two year period of 2006 to 2007.

Your input and time will be of great importance in addressing the current dilemma in Human Resource Management with regards to performance and career development management system in the public health sector.

Please submit the copy of your completed questionnaire to the information officer Mr Abel Ntlatleng.

Yours faithfully

Makazi Pearl Kunene

Researcher's contact numbers
Makazi Pearl Kunene
Mobile: 084 701 3624
Office: 013 947 3646

Research assistant's contact numbers:

Abel Ntlatleng

Mobile: 082 482 2353

FURTHER INFORMATION AND INSTRUCTIONS

This research is designed to investigate the effectiveness of the induction and orientation programme instituted for newly employed Health Professionals in your healthcare facility.

All information provided will be treated with strict confidentiality.

Please answer all the questions as truthfully as possible.

General instructions to respondents

- ❑ Either a pen or pencil may be used to complete the questionnaire.
- ❑ There are three types of questions: Single responses, multiple responses and written response questions.
- ❑ Most of the questions require a single response and may be answered by simply ticking the appropriate box.
- ❑ Multiple response questions are indicated by the words "choose as many as relevant "
- ❑ Where written responses are required space is provided. However, you may fill in additional comments whenever you wish to do so.

I would like to stress the point that this is a personal study towards the partial fulfilment of the MPH degree but will ultimately benefit all healthcare employees in Mpumalanga Department of Health. Thank you for participating in the study; your information is highly appreciated.

Appendix 5:   Consent Form filled in by Respondents

You have been asked to participate in a research study as a voluntary participant.

You have been informed about the study by Makazi Pearl Kunene.

You may contact: Makazi Pearl Kunene at 084 701 3624 any time if you have questions about the research.

You may contact the Mpumalanga Health Department Research Office at Building No.3 Riverside (Nelspruit) at 013-766 000 and the Biomedical Research committee of Health Sciences UKZN at 0312604769, if you have questions about your rights as a research subject.

Your participation in this research is voluntary, and you will not be penalised or lose benefits if you refuse to participate or decide to stop.

If you agree to participate, you will be given a signed copy of this document and the participant information sheet which is a written summary of the research.

The research study, including the above information, has been described to me orally. I understand what my involvement in the study means and I voluntarily agree to participate.

_____   _____

Signature of Participant   Date

_____   _____

Signature of Witness   Date
(Where applicable)

Appendix 6: Questionnaire

Instructions: Please answer all questions as truthfully as possible
Tick one choice per question unless otherwise asked for multiple choices

SECTION 1:

Q1. Within which category does your age fall?

20-29 [ ]   30-39 [ ]   40-49 [ ]   50-59 [ ]   >60 [ ]

Q2. What is your gender?

Male [ ]   Female [ ]

Q3. What is your highest academic qualification?

Matric [ ]   Diploma [ ]   Basic Degree [ ]

Honours [ ]   Masters [ ]   Doctorate [ ]

Q4. Within which category does your present job level fall?

Senior management [ ]   Middle management [ ]

Professional [ ]   Other [ ] specify _____

1. other (specify other)

Q5. What benefit(s) do you receive as part of your package? (You may tick more than one benefit)

1. Housing subsidy   [ ]
2. Car allowance   [ ]
3. Own office   [ ]
4. Cell phone   [ ]
5. Others   [ ]

Specify others:

_____

_____

_____

SECTION 2:

Q6. Did you receive any induction/orientation when you joined this health care organisation?

   Yes [ ]   No [ ] (If No, move to Q10)

Q7. If Yes, what is your opinion of the induction/orientation process?
Briefly explain: _____
_____
_____

Q8. Where there any gaps you identified with the induction/orientation process?
Briefly explain: _____
_____
_____

Q9. List any aspect of the induction process that you liked?
Briefly explain: _____
_____
_____

Q10. When you were appointed at this facility, did you have an experienced staff member who gave you guidance and support for your job? (mentor, buddy, and coach)?

   Yes [ ]   No [ ] (If No, move to Q13)

Q11. If **Yes**, how did you find this relationship in terms of helping you adapt to your work?

Meaningful [ ] Not meaningful [ ] Don't know [ ]

Q12. If **Meaningful**, what do you think were the contributing factors?

Give two reasons: _____

_____

_____

Q13. In your present position, do you have any formal (written down) job description?

Yes [ ] No [ ] (If No, move to Q15)

Q14. If **Yes**, who compiled it? (Choose as many options as are applicable).

Self [ ] Immediate supervisor [ ] Other [ ] Don't know [ ]

If other, please specify:_____

_____

Q15. What type of relationship would you say you have with your immediate supervisor?

a. Positive (friendly, co-operative, honest)   [ ]
b. No relationship.   [ ]
c. Negative (unfriendly, uncooperative, tense)   [ ]
d. Difficult to assess   [ ]

Q16. What is your supervisor's management style?

a. Will it be dictatorial? (Top-down instructional approach)   [ ]
b. Will it be open management? (open-door policy)   [ ]
c. Will it be sharing management? (continued staff updates on current
changes/information)   [ ]
d. Will it be participative management? (team decision efforts on activities) [ ]

Q17.   Do you think the induction/orientation programme prepared you well for your job?

Yes [ ]   No [ ]

Q18. If No, Why? _____

_____

_____

Q19. How would you rate the following human resource development (HRD) strategies in your health care facility? (Tick only one box for each strategy)

HRD strategy	Poor	Below average	Average	Good	Excellent
Effective induction/orientation programme for new employees					
Foster career development programmes					
Improve employee relationships at the work place					
Regular performance appraisals					
Regular performance feedback					
Re-orientation programmes on new developments and procedures					

Q20.   Indicate how most people feel about your health facility? (Tick as many as possible)

    a. Aggressive   [ ]

    b. Negative   [ ]

    c. Disappointed   [ ]

    d. Frustrated   [ ]

    e. Disbelieving   [ ]

    f. Cautious   [ ]

    g. Undecided   [ ]

    h. Curious   [ ]

    i. Satisfied   [ ]

    j. Confident   [ ]

Q21. How do you feel at your work place? (Tick only one option)

a. Very happy at work   [ ]
b. Happy at work   [ ]
c. Neutral at work   [ ]
d. Unhappy at work   [ ]
e. Very unhappy at work   [ ]

Very happy at work

Happy at work

Neutral at work

Unhappy at work

Very unhappy

SECTION 3

Assess the extent to which your health facility performs.

Rate your institution on a scale 1 to 5 (Remember there are no right or wrong answers)

1 = Extremely low   2 = Low   3 = Fair   4 = High   5 = Extremely High

1. **Purpose**	**Rating**
i. You can describe and are committed to a common purpose ii. Strategies for achieving goals are clear iii. Your role is clear	
2. **Empowerment** i. You have access to necessary skills and resources. ii. You feel a personal and collective sense of power. iii. Mutual respect and willingness to help each other is evident.	
3. **Relationships and communication** i. You can express yourself openly and honestly. ii. Members listen actively to each other iii. Differences of opinion and perspectives are valued.	

4. Flexibility i. Members are able to perform different roles and functions needed ii. Members share responsibility for team leadership. iii. Various ideas and approaches are explored	
5. Optimal Productivity i. Output is high ii. Quality is excellent iii. Clear problem-solving process is apparent	
6. Recognition and Appreciation i. Individual contributions are recognised and appreciated by leaders and members. ii. Team accomplishments are recognised by members iii. Team contributions are valued and recognised by the organisation	
7. Morale a. Individuals are confident and motivated. b. Job enrichment for self motivation is available. **c.** Members have a sense of pride and satisfaction about their work	